


Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE LEUKEMIA & LYMPHOMA SOCIETYINC

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

3 INTERNATIONAL DRIVE

City or town, state or province, country, and ZIP or foreign postal code

RYE BROOK, NY 10573

F Name and address of principal officer

LOUIS J DEGENNARO

3 INTERNATIONAL DRIVE SUITE 200

RYE BROOK,NY 10573

I Tax-exempt status

☒ 501(c)(3)☐ 501(c) ( ) ◀(insert no )☐ 4947(a)(1) or☐ 527

J Website: ▶ WWW LLS ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other ▶

D Employer identification number

13-5644916

E Telephone number

(914) 949-5213

G Gross receipts \$ 509,381,899

H(a) Is this a group return for subordinates?

No

☐ Yes☒

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

L Year of formation 1949

M State of legal domicile NY

Part I Summary				
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities OUR MISSION IS TO CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	28	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	28	
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	1,455	
Revenue	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	3,000,000	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>		<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	283,909,984		285,638,088
Expenses	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )			0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,913,321		-6,187,940
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-7,194,375		-7,722,874
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	281,628,930		271,727,274
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	107,996,054		88,538,361
Net Assets or Fund Balances	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	85,679,493		87,185,045
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶35,316,836	4,709,809		4,059,876
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	79,057,701		74,986,029
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	277,443,057		254,769,311
			4,185,873	16,957,963
			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	214,485,806		217,192,867
	<b>21</b> Total liabilities (Part X, line 26)	116,963,860		99,112,566
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	97,521,946		118,080,301

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

ROSEMARIE A LOFFREDO EVP - CAO & CFO

Type or print name and title

2017-01-30

Date

Paid Preparer Use Only

Print/Type preparer's name

DAVID M HIGHFILL

Preparer's signature

DAVID M HIGHFILL

Date

2017-01-30

Check ☐ if self-employed

PTIN

P01517891

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 345 PARK AVENUE

NEW YORK, NY 101540102

Phone no (212) 758-9700

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒

1

Briefly describe the organization's mission

OUR MISSION IS TO CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code ) (Expenses \$ 52,234,348 including grants of \$ 47,209,977 ) (Revenue \$ )
A) RESEARCH PROGRAMS WITH ADVISORY INPUT FROM RECOGNIZED BIOMEDICAL RESEARCH EXPERTS, LLS FUNDS EXEMPLARY PROJECTS ACROSS THE ENTIRE RESEARCH CONTINUUM RELEVANT TO IMPROVED OUTCOMES FOR BLOOD CANCER PATIENTS, FROM BASIC LABORATORY SCIENCE THROUGH CLINICAL TRIALS, AND FROM INVESTIGATOR-INITIATED RESEARCH TO PRIVATE-SECTOR DRUG DEVELOPMENT ALLIANCES LLS IS DELIBERATE AND PURPOSEFUL IN FINDING AND SUPPORTING RESEARCH THAT IS MOST LIKELY TO HELP PATIENTS AS SOON AS POSSIBLE TO DATE, LLS HAS INVESTED OVER 1 BILLION IN RESEARCH AIMED AT HELPING ALL BLOOD CANCER PATIENTS LIVE BETTER, LONGER LIVES WE WILL CONTINUE TO SUPPORT RESEARCH THROUGH OUR INNOVATIVE AND INTEGRATED FUNDING PROGRAMS, UNTIL EVERY PATIENT HAS A SAFE AND EFFECTIVE THERAPY IN FISCAL YEAR 2016, LLS SUPPORTED RESEARCH IN THE U S , CANADA AND 5 OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF APPROXIMATELY 47 MILLION RESEARCH FUNDING WAS DISTRIBUTED ACROSS ALL BLOOD CANCERS OUR CRITICAL ROLE LLS PROGRAMS ACCELERATE RELEVANT RESEARCH OUTCOMES BY - BUILDING A FOCUSED RESEARCH WORK-FORCE ASSURING THE NEXT ROUND OF BREAKTHROUGHS REQUIRES THAT YOUNG INVESTIGATORS BE ENCOURAGED TO WORK IN BLOOD CANCER RESEARCH FIELDS - TURNING DISCOVERIES INTO NEW THERAPIES FUNDAMENTAL NEW FINDINGS CAN BE TRANSLATED INTO SAFE AND EFFECTIVE TREATMENTS THAT CAN ULTIMATELY PROLONG AND ENHANCE PATIENT LIVES - SUPPORTING SYNERGY LARGE GRANTS AND CONTRACTS ENABLE SCIENTISTS IN ACADEMIA AND THE PRIVATE-SECTOR TO COLLABORATE, COMBINING RESOURCES AND EXPERTISE TO PRODUCE MORE AND FASTER ADVANCES - FILLING A VOID RESEARCH PROJECTS THAT ARE HIGH-RISK AND/OR ADDRESS RARE CANCERS ARE LESS LIKELY TO BE FUNDED BY GOVERNMENT AGENCIES OR FOR-PROFIT COMPANIES, BUT MAY PROVIDE IMPORTANT ADVANCES - SPEEDING NEW TREATMENTS TO PATIENTS PARTNERING WITH BIOTECHNOLOGY AND PHARMACEUTICAL COMPANIES CAN ADVANCE PROMISING THERAPIES THROUGH CLINICAL TESTING, FASTER PAST ADVANCES MADE WITH LLS RESEARCH FUNDING GENEROUS DONORS HAVE HELPED LLS SUPPORT RESEARCH THAT HAS ALREADY BENEFITED BLOOD CANCER PATIENTS AND MANY OTHERS ADVANCES INCLUDE - MULTI-DRUG THERAPIES THAT ARE MORE EFFECTIVE THAN TREATMENTS WITH SINGLE ANTI-CANCER AGENTS, - BONE MARROW / STEM CELL TRANSPLANTATION AND SUPPORTIVE CARE TREATMENTS FOR PATIENTS WHO RELAPSE DESPITE THE BEST AVAILABLE THERAPY, AND, - TESTS THAT DISTINGUISH SPECIFIC CHARACTERISTICS OF PARTICULAR BLOOD CANCERS FOR ACCURATE DIAGNOSIS OF CANCER SUBTYPES, AND FOR "RISK STRATIFICATION" TO SELECT AN OPTIMAL THERAPY TARGETED THERAPY RESEARCH DISCOVERING THE MOLECULAR ABNORMALITIES THAT CAUSE PARTICULAR TYPES OF BLOOD CANCER HAS BEEN USEFUL IN DIAGNOSIS AND RISK STRATIFICATION, AND IN NEW "TARGETED DRUG" DEVELOPMENT LLS-FUNDED INVESTIGATORS HAVE HELPED ADVANCE MOLECULARLY TARGETED TREATMENTS THAT CAN SELECTIVELY KILL BLOOD CANCER CELLS VERSUS NORMAL CELLS MANY OF THESE NEW TREATMENTS BENEFIT NOT ONLY BLOOD CANCER PATIENTS, BUT ALSO PATIENTS WITH OTHER DISEASES FOR EXAMPLE - GLEEVEC IS FDA-APPROVED FOR PATIENTS OF ALL AGES WITH CHRONIC MYELOID LEUKEMIA (CML), AND IS ALSO APPROVED FOR PATIENTS WITH ONE FORM OF ACUTE LYMPHOID LEUKEMIA (ALL), MYELODYSPLASTIC SYNDROMES (MDS), MYELOPROLIFERATIVE DISORDERS AND RARE FORMS OF STOMACH AND SKIN CANCERS RELATED DRUGS, SPRYCEL AND TASIGNA, ARE APPROVED FOR PATIENTS WHO DO NOT BENEFIT FROM GLEEVEC ONE OR MORE OF THESE DRUGS ARE ALSO SHOWING PROMISE FOR PATIENTS WITH VARIOUS LYMPHOMAS, ACUTE MYELOID LEUKEMIA (AML), CHRONIC LYMPHOCYTIC LEUKEMIA (CLL), AND OTHER CANCERS, INCLUDING BRAIN, BREAST, HEAD-AND-NECK, LUNG, PANCREATIC AND PROSTATE CANCERS, AND PATIENTS WITH OTHER DISEASES INCLUDING ALZHEIMER'S, ASTHMA AND PULMONARY HYPERTENSION - RITUXAN WAS THE FIRST FDA-APPROVED, ANTI-CANCER ANTIBODY DRUG, DEVELOPED FOR PATIENTS WITH FORMS OF B-CELL NON-HODGKIN LYMPHOMA (NHL) IT IS NOW ALSO APPROVED FOR CLL PATIENTS AND AS A "MAINTENANCE" THERAPY FOR FOLLICULAR LYMPHOMA PATIENTS, AND SHOWING PROMISE FOR PATIENTS WITH ALL AND AFTER STEM CELL TRANSPLANTATION IN ADDITION, IT IS APPROVED FOR TREATING PATIENTS WITH SEVERE RHEUMATOID ARTHRITIS AND TWO OTHER TYPES OF AUTOIMMUNE DISEASES A RELATED ANTIBODY DRUG, ARZERRA, IS APPROVED FOR CLL PATIENTS AND SHOWING WIDER PROMISE - VELCADE, THALIDOMID AND REVLMID ARE FDA-APPROVED FOR PATIENTS WITH MYELOMA AND ARE ALSO HELPING SOME PATIENTS WITH HODGKIN LYMPHOMA AND NHL KRYPOLIS WAS RECENTLY APPROVED FOR MYELOMA PATIENTS FOR WHOM AT LEAST TWO PRIOR THERAPIES WERE INSUFFICIENT ONE OR MORE OF THESE DRUGS ARE NOW BEING TESTED FOR PATIENTS WITH T-CELL AND B-CELL FORMS OF LYMPHOMA, ACUTE LEUKEMIAS, AS WELL AS AIDS-RELATED KAPOSI SARCOMA AND BRAIN, BREAST, COLORECTAL, HEAD-AND-NECK, KIDNEY, LIVER, LUNG, OVARIAN AND PROSTATE CANCERS, AND ALZHEIMER'S DISEASE - ISTODAX, ZOLINZA, DACOGEN AND VIDAZA TARGET SMALL CHEMICAL, "EPIGENETIC" CHANGES THE FIRST TWO DRUGS ARE APPROVED FOR PATIENTS WITH PERIPHERAL T-CELL LYMPHOMAS, THE LATTER DRUGS ARE APPROVED FOR MDS PATIENTS ONE OR MORE OF THESE DRUGS ARE BEING TESTED FOR PATIENTS WITH ALL, AML, CML, CLL, MYELOMA AND FORMS OF NHL, AFTER STEM CELL TRANSPLANTATION, AND FOR PATIENTS WITH BREAST, BRAIN, KIDNEY, COLORECTAL, HEAD-AND-NECK, LUNG, STOMACH, PROSTATE AND OVARIAN CANCERS, MELANOMA AS WELL AS SICKLE CELL DISEASE AND PERSISTENT HIV INFECTIONS - ADCETRIS WAS APPROVED IN 2011, AND IN JANUARY 2012 IT IS AN ANTIBODY- DRUG CONJUGATE THAT COMBINES AN ANTI-CD30 ANTIBODY AND THE CYTOTOXIC DRUG MONOMETHYL AURISTATIN E (MMAE) IT IS AN ANTI-NEOPLASTIC AGENT USED IN THE TREATMENT OF HODGKIN LYMPHOMA AFTER FAILURE OF AUTOLOGOUS STEM CELL TRANSPLANT OR THOSE WHO ARE NOT ELIGIBLE FOR ASCT AFTER FAILURE OF AT LEAST 2 MUTIAGEN CHEMOTHERAPY REGIMENS ADCETRIS WAS ALSO APPROVED FOR SYSTEMIC ANAPLASTIC LARGE CELL LYMPHOMA WITH FAILURE OF AT LEAST ONE PRIOR TREATMENT - GAZYVA IS A HUMANIZED MONOCLONAL ANTIBODY USED AS A COMBINATION TREATMENT WITH CHLORAMBUCIL TO TREAT PATIENTS WITH UNTREATED CHRONIC LYMPHOCYTIC LEUKEMIA IT WAS APPROVED BY THE FDA IN NOVEMBER 2013 AND BY THE EHA IN JULY 2014 - IMBRUVICA IS AN ORAL SMALL MOLECULE INHIBITOR AGIANST BTK KINASE IT WAS FIRST APPROVED BY THE US FDA ON NOVEMBER 13, 2013 FOR THE TREATMENT OF MANTLE CELL LYMPHOMA PATIENTS WHO HAVE RECIEVED AT LEAST ONE PRIOR TREATMENT ON FEB 12, 2014 THE US FDA EXPANDED THE APPROVED USE OF THE DRUG TO CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) PATIENTS WHO HAVE RECEIVED AT LEAST ONE PRIOR TREATMENT ADDITIONALLY, IT RECEIVED FURTHER EXPANSION TO TREAT 17P DELETION IN CLL WITH OR WITHOUT PRIOR THERAPY - ZYDELIG IS AN ORAL SMALL MOLECULE INHIBITOR THAT BLOCKS THE DELTA ISOFORM OF THE ENZYME PHOSPHOINOSITIDE 3-KINASE IT WAS APPROVED BY THE FDA IN JULY 2014 TO TREAT RELAPSED/REFRACTORY CLL IN COMBINATION WITH RITUXAN IT WAS ALSO APPROVED TO USE AS A MONOTHERAPY FOR RELAPSED MANTLE CELL LYMPHOMA AND FOLLICULAR LYMPHOMA OTHER ACTIVE RESEARCH DIRECTIONS LLS-FUNDED RESEARCHERS ARE ALSO EXPLORING OTHER AREAS OF RESEARCH THAT HOLD PROMISE FOR PATIENTS - NOVEL STEM CELL TRANSPLANTATION PROCEDURES THESE INCLUDE SO-CALLED "MINI" TRANSPLANTS THAT USE LESS TOXIC PRE-TRANSPLANT TREATMENTS AND ENGINEERED DONOR CELLS THAT HELP REDUCE POST-TRANSPLANT COMPLICATIONS, MAKING THESE POTENTIALLY CURATIVE TREATMENTS AVAILABLE TO MORE PATIENTS - IMMUNOTHERAPIES INCLUDING ANTIBODIES, VACCINES AND ENGINEERED IMMUNE CELLS, THESE TARGETED THERAPIES HELP A PATIENT'S IMMUNE SYSTEM FIGHT INFECTIONS AND KILL RESIDUAL CANCER CELLS, PROLONGING REMISSIONS, AND PERHAPS ONE DAY REPLACING TOXIC CHEMOTHERAPIES - DIAGNOSTICS NEW TECHNOLOGIES MAKE IT POSSIBLE TO CHARACTERIZE THE ABNORMALITIES IN INDIVIDUAL CANCER CASES IN MOLECULAR DETAIL THIS INFORMATION CAN BE USED TO HELP CHOOSE THE BEST POSSIBLE TREATMENT FOR EACH PATIENT, ESPECIALLY AS MORE TARGETED THERAPIES BECOME AVAILABLE - QUALITY OF LIFE RESEARCH THESE STUDIES INCREASE OUR UNDERSTANDING OF HOW SPECIFIC TREATMENTS CAN CAUSE DEBILITATING SIDE-EFFECTS, INCLUDING LATE-EFFECTS, AND WHICH PATIENTS ARE AT RISK FOR DEVELOPING THESE COMPLICATIONS, SO THAT THEY CAN BE BETTER MANAGED OR EVEN PREVENTED DRIVING RESEARCH TO ADDRESS UNMET MEDICAL NEEDS LLS CONTINUES TO SOLICIT AND SUPPORT RESEARCH FOCUSED ON IMPROVING BLOOD CANCER PATIENTS' QUALITY OF LIFE AFTER TODAY'S CURATIVE THERAPIES ALSO IN 2016, FOR THE FIFTH YEAR, LLS ACTIVELY RECRUITED RESEARCH PROPOSALS IN SIX OTHER UNDERDEVELOPED RESEARCH AREAS IN WHICH PROGRESS IS LIKELY TO IMPROVE OUTCOMES FOR PATIENTS WITH PARTICULARLY URGENT NEEDS NEW RESEARCH IS FOCUSED ON - DEVELOPMENT OF NOVEL THERAPEUTIC STRATEGIES FOR PATIENTS WITH NON-CUTANEOUS T-CELL LYMPHOPROLIFERATIVE DISORDERS - DEVELOP NOVEL TARGETED THERAPIES FOR CLL PATIENTS, WITH REAL CURATIVE POTENTIAL - DEVELOP NOVEL TREATMENT STRATEGIES FOR MDS AND AML PATIENTS - DEVELOP NOVEL TARGETED THERAPIES FOR PATIENTS WITH HIGH-RISK MYELOMA - DEVELOPMENT OF NEW-TARGETED THERAPIES FOR INDOLENT LYMPHOMA PATIENTS - DEFINE GENETIC/MOLECULAR PREDISPOSITIONS TO LONG-TERM AND LATE-T	
4b	(Code ) (Expenses \$ 85,232,201 including grants of \$ 41,328,384 ) (Revenue \$ )
B) PATIENT & COMMUNITY SERVICES AN ESTIMATED 1 24 MILLION PEOPLE ACROSS THE UNITED STATES (US) CURRENTLY BATTLE LEUKEMIA, LYMPHOMA AND MYELOMA THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) OFFERS AN ARRAY OF FREE, COMPREHENSIVE RESOURCES TO BLOOD CANCER PATIENTS, CAREGIVERS, FAMILIES AND FRIENDS OF PATIENTS, ADVOCATES, HEALTHCARE PROFESSIONALS AND THE PUBLIC LLS IS COMMITTED TO PROVIDING THE MOST ACCURATE AND UP-TO-DATE BLOOD CANCER INFORMATION, PROFESSIONAL VOLUNTEER CLINICAL ADVISORS WORK WITH LLS STAFF TO REVIEW ALL OF THE INFORMATION LLS PROVIDES THROUGH HEALTHCARE PROFESSIONAL AND PATIENT EDUCATION PROGRAMS, PUBLICATIONS AND THE LLS WEBSITE SUPPORT SERVICES ARE PROVIDED BY PROFESSIONALS OR RIGOROUSLY TRAINED PEER VOLUNTEERS ALL RESOURCES ARE PROVIDED THROUGH A VARIETY OF MEDIA - PRINT, ONLINE, BY PHONE, AND FACE-TO-FACE IN COMMUNITIES A NUMBER OF RESOURCES ARE AVAILABLE IN SPANISH FOR PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS PRINT PUBLICATIONS AN EXTENSIVE CATALOG OF EDUCATION MATERIALS IS OFFERED FREE-OF-CHARGE TO PATIENTS AND HEALTHCARE PROFESSIONALS EACH YEAR, LLS DISTRIBUTES DISEASE AND SUPPORT BOOKLETS AND FACT SHEETS THROUGH THE INFORMATION RESOURCE CENTER AND LLS CHAPTERS EACH YEAR, LLS PUBLISHES AN ANNUAL COMPILATION OF DATA AVAILABLE FOR BLOOD CANCERS, INCLUDING THE ESTIMATED NUMBERS OF NEW BLOOD CANCER CASES AND DEATHS, THE MOST RECENT STATISTICS AVAILABLE FOR INCIDENCE, MORTALITY AND SURVIVAL, AND CURRENT AND ACCURATE INFORMATION ABOUT SYMPTOMS, RISK FACTORS AND TREATMENT - 615,479 FREE PRINTED DISEASE AND SUPPORT BOOKLETS, 5,498 DISEASE-FOCUSED FACT SHEETS, AND 141 DVDS WERE ORDERED IN 2016 FINANCIAL ASSISTANCE IN 2016, A COMBINED 40,835,972 WAS DISBURSED TO PATIENTS THROUGH THE CO-PAY ASSISTANCE PROGRAMS (40,029,645) AND THE LLS NATIONAL PATIENT TRAVEL ASSISTANCE PROGRAM, (793,500), AND LLS FINANCIAL ASSISTANCE PROGRAM (12,827) CO-PAY ASSISTANCE PROGRAM THE CO-PAY ASSISTANCE PROGRAM SUPPORTS QUALIFYING BLOOD CANCER PATIENTS MEET THEIR HEALTH INSURANCE OR MEDICARE PLAN PART B OR D PREMIUMS OR CO- PAYMENT OBLIGATIONS RELATED TO TREATING THEIR BLOOD CANCER DIAGNOSIS PATIENTS WITH PRESCRIPTION DRUG COVERAGE, MEDICARE BENEFICIARIES UNDER MEDICARE PART B AND/OR MEDICARE PART D, MEDICARE SUPPLEMENTARY HEALTH INSURANCE OR MEDICARE ADVANTAGE SHOULD CHECK WITH LLS TO SEE IF THEY MEET ELIGIBILITY REQUIREMENTS TO RECEIVE FINANCIAL SUPPORT CO-PAY ASSISTANCE IS SUBJECT TO FUNDING AVAILABILITY BY SPECIFIC BLOOD CANCER DIAGNOSIS IN 2016, 40,029,645 WAS PROVIDED TO PATIENTS THROUGH THE LLS CO-PAY ASSISTANCE PROGRAM - 18,155 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN 2016 SUSAN LANG PAY-IT-FORWARD PATIENT TRAVEL ASSISTANCE PROGRAM THE SUSAN LANG PAY-IT-FORWARD PATIENT TRAVEL ASSISTANCE PROGRAM SUPPORTS QUALIFYING BLOOD CANCER PATIENTS WITH TRAVEL AND LODGING EXPENSES RELATED TO TREATING THEIR BLOOD CANCER DIAGNOSIS TRAVEL ASSISTANCE IS SUBJECT TO FUNDING AVAILABILITY IN 2016, 793,500 WAS PROVIDED TO PATIENTS THROUGH THE LLS SUSAN LANG TRAVEL PROGRAM 1,587 PATIENTS RECEIVED LLS TRAVEL ASSISTANCE IN 2016 FINANCIAL ASSISTANCE PROGRAM FOR CML PATIENTS (PCR PROGRAM) THE FINANCIAL ASSISTANCE PROGRAM FOR CML PATIENTS SUPPORTS QUALIFYING PATIENTS WITH OUT OF POCKET EXPENSES RELATED TO THEIR ROUTINE POLYMERASE CHAIN REACTION (PCR) EXAM IN 2016, 12,827 WAS PROVIDED TO PATIENTS THROUGH THE PCR PROGRAM 260 PATIENTS RECEIVED LLS PCR ASSISTANCE IN 2016 COMMUNITY PROGRAMS SERVICES ARE PROVIDED IN COMMUNITIES TO PATIENTS AND THEIR FAMILIES, CAREGIVERS AND HEALTHCARE PROFESSIONALS BY STAFF (PATIENT ACCESS MANAGERS) AND TRAINED VOLUNTEERS WHO HAVE SPECIFIC SUPPORT AND OUTREACH ROLES STAFF ARE HEALTHCARE PROFESSIONALS, OFTEN WITH A BACKGROUND IN ONCOLOGY NURSING, PUBLIC HEALTH OR SOCIAL WORK, VOLUNTEERS ARE TYPICALLY PATIENTS OR CAREGIVERS WHO UNDERGO RIGOROUS BACKGROUND CHECKS AND TRAINING STAFF AND VOLUNTEERS SERVE AS LIAISONS WITH COMMUNITY AND REGIONAL ONCOLOGY/HEMATOLOGY HEALTHCARE PROFESSIONALS AND TREATMENT CENTERS, AND PROVIDE COMMUNITY-BASED OUTREACH, EDUCATION, AND SUPPORT IN A VARIETY OF FORMS LOCAL PATIENT EDUCATION PROGRAMS IN FY 2016 WE CONDUCTED 43 LOCAL PATIENT EDUCATION PROGRAMS TO 1,893 ATTENDEES THIRTY-SIX WERE PROGRAMS THAT COVERED DISEASE SPECIFIC TOPICS, SURVIVORSHIP ISSUES, AND/OR EDUCATION ABOUT CANCER CLINICAL TRIALS AND MAKING TREATMENT DECISIONS OF THESE 36, 12 WERE LOCATED IN AND WERE SPECIFICALLY TAILORED TO UNDERSERVED COMMUNITIES, ESPECIALLY RACIAL AND ETHNIC MINORITY GROUPS AND OLDER ADULTS SEVEN PROGRAMS WERE FOCUSED ON THE DIAGNOSIS AND TREATMENT OF MYELOPROLIFERATIVE NEOPLASMS OR MPN REGIONAL BLOOD CANCER CONFERENCES LLS WORKS TO ELEVATE OUR VISIBILITY IN COMMUNITIES WE SERVE BY HOSTING LARGER-SCALE CONFERENCES, GEARED FOR PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS THESE EVENTS ARE A CATALYST FOR BRINGING MANY DESIGNATED PEOPLE TOGETHER TO FOCUS ON BLOOD CANCER AWARENESS, INFORMATION AND THE LATEST ADVANCES IN MEDICAL SCIENCE THEY ARE DESIGNED FOR PATIENTS AND CAREGIVERS BUT ARE ATTENDED BY SOME LOCAL HEALTHCARE PROFESSIONALS (NURSES AND SOCIAL WORKERS) AS WELL IN 2016, 16 BCC CONFERENCES WERE HELD WITH 4,805 ATTENDEES LLS COMMUNITY THE ONLINE "LLS COMMUNITY" WAS LAUNCHED ON FEBRUARY 1, 2016 IT WAS DESIGNED TO PROVIDE A WAY FOR PATIENTS AND CAREGIVERS TO 1) BECOME PART OF A SOCIAL NETWORK TO CONNECT WITH PATIENTS AND CAREGIVERS IN SIMILAR SITUATIONS AND BECOME EMPOWERED, 2) PROVIDE INFORMATION ABOUT ONESELF AND ONE'S DISEASE, TO BECOME PART OF THE RESEARCH TO CURE BLOOD CANCERS, AND 3) GAIN THE LATEST INFORMATION ABOUT ONE'S DISEASE, LEARN ABOUT SURVIVORSHIP ISSUES, AND ABOUT CLINICAL TRIALS BY THE END OF FY 2016, THERE WERE APPROXIMATELY 2,500 COMMUNITY MEMBERS AND 15,000 RESPONSES TO THE "QUESTIONS OF THE DAY," AS WELL AS CLOSE TO 4,000 COMMENTS POSTED BY USERS FAMILY SUPPORT GROUPS THROUGHOUT THE US, IN 2016, LLS SUPPORTED OR HOSTED 204 REGISTERED FAMILY SUPPORT GROUP MEETINGS FOR PATIENTS AND THEIR FAMILIES GROUPS ARE GUIDED BY ONCOLOGY HEALTH PROFESSIONALS, PROVIDING INFORMATION AND SUPPORT AND ENCOURAGING GREATER COMMUNICATION AMONG PATIENTS, FAMILIES, FRIENDS AND HEALTHCARE PROFESSIONALS LLS SUPPORT GROUPS ARE THE PERFECT PLACE TO TALK WITH OTHER PEOPLE AFFECTED BY BLOOD CANCERS, INCLUDING PATIENTS, FAMILY MEMBERS AND CAREGIVERS THE GROUPS PROVIDE MUTUAL SUPPORT AND OFFER THE OPPORTUNITY TO DISCUSS ANXIETIES AND CONCERNS WITH OTHERS WHO SHARE THE SAME EXPERIENCES THIS SHARING STRENGTHENS THE FAMILY BOND AND ENHANCES EVERYONE'S ABILITY TO COPE WITH CANCER PATTI ROBINSON KAUFMANN FIRST CONNECTION PROGRAM FIRST CONNECTION IS A PROGRAM THAT LINKS NEWLY DIAGNOSED PATIENTS TO A PEER VOLUNTEER WHO HAS EXPERIENCED A SIMILAR DIAGNOSIS A TRAINED PATIENT- VOLUNTEER CURRENTLY IN REMISSION CONTACTS THE NEW PATIENT TO SHARE INFORMATION AND SUPPORT THIS PROGRAM IS AVAILABLE THROUGH LLS CHAPTERS, REFERRAL IS ALSO PROVIDED BY LLS'S INFORMATION RESOURCE CENTER - 717 FIRST CONNECTIONS WERE MADE ACROSS THE US IN FY 2016	
4c	(Code ) (Expenses \$ 40,255,829 including grants of \$ ) (Revenue \$ )
C) PUBLIC HEALTH EDUCATION INFORMATION AND EDUCATION PAYING FOR MEDICAL CARE, MAKING TREATMENT CHOICES, COMMUNICATING WITH HEALTHCARE PROVIDERS, FAMILY MEMBERS AND FRIENDS-THESE ARE SOME OF THE STRESSES THAT COME WITH A CANCER DIAGNOSIS LLS'S INFORMATION SPECIALISTS ARE MASTER'S LEVEL ONCOLOGY SOCIAL WORKERS, NURSES AND HEALTH EDUCATORS WHO PROVIDE HELP WITH DISEASE, TREATMENT AND CLINICAL TRIAL INFORMATION AND SUPPORT INFORMATION SPECIALISTS ALSO CONDUCT CLINICAL-TRIAL SEARCHES TO HELP PATIENTS WORK WITH THEIR DOCTORS TO FIND OUT ABOUT SPECIFIC CLINICAL TRIALS THE INFORMATION RESOURCE CENTER ALSO HAS AN EXPANDING IN-DEPTH CLINICAL TRIAL NAVIGATION SERVICE PATIENTS, FAMILIES AND HEALTHCARE PROFESSIONALS MAY SPEAK TO AN INFORMATION SPECIALIST AT (800) 955-4572 MONDAY THROUGH FRIDAY, 9 A M TO 9 P M , ET, EMAIL INFOCENTER@LLS.ORG OR CHAT ONE-ON-ONE VIA THE LLS WEBSITE THE INFORMATION RESOURCE CENTER OFFERS TRANSLATION SERVICES IN MORE THAN 165 LANGUAGES IN FY 2016 - 26,668 INQUIRIES WERE MADE TO OUR INFORMATION SPECIALISTS - 12,399 UNIQUE INDIVIDUALS RECEIVED INFORMATION AND/OR SUPPORT FROM INFORMATION SPECIALISTS VIA EMAILS, PHONE, AND ANSWER CHATS -167 PATIENTS WORKED WITH A CLINICAL TRIAL NAVIGATOR TO RECEIVE COMPREHENSIVE ASSISTANCE WITH CLINICAL TRIAL ENROLLMENT, 49% OF THESE PATIENTS ENROLLED ON A CLINICAL TRIAL THE LLS WEBSITE THE LLS WEBSITE, WWW.LLS.ORG, FULFILLS A WIDE VARIETY OF EDUCATION AND INFORMATION NEEDS VISITORS CAN PERSONALIZE THEIR WEB PAGES TO THEIR LOCATION TO KEEP CURRENT WITH DISEASE-SPECIFIC UPDATES AND COMMUNITY EDUCATION AND SUPPORT ACTIVITIES THE WEBSITE PROVIDES ACCESS TO LLS PROGRAMS AND SERVICES, INCLUDING CO-PAY ASSISTANCE, THE MOST CURRENT AND ACCURATE INFORMATION AND STATISTICS, WEEKLY FACILITATED ONLINE CHATS, DISCUSSION BOARDS, NATIONAL TELEPHONE AND WEB EDUCATION PROGRAMS, PUBLICATIONS IN ENGLISH AND SPANISH, AND CLINICAL-TRIAL SEARCHES VIA AN ONLINE CLINICAL- TRIAL SEARCH SERVICE THAT OFFERS PATIENTS AND CAREGIVERS IMMEDIATE ACCESS TO LISTINGS OF BLOOD CANCER CLINICAL TRIALS INFORMATIONAL MATERIALS ARE AVAILABLE TO VIEW AND DOWNLOAD AT WWW.LLS.ORG/RESOURCECENTER MANY DOWNLOADABLE MATERIALS ARE AVAILABLE IN ENGLISH, SPANISH AND FRENCH NATIONAL TELEPHONE/ WEB EDUCATION PROGRAMS ADDITIONALLY, LLS ALSO SPONSORS TELEPHONE- WEB EDUCATION PROGRAMS FOR PATIENTS, CAREGIVERS, SURVIVORS AND HEALTHCARE PROFESSIONALS ABOUT LEUKEMIA, LYMPHOMA, MYELOMA AND MYELODYSPLASTIC SYNDROMES OPPORTUNITIES ARE PROVIDED TO ASK QUESTIONS OF EXPERTS DURING THESE PROGRAMS ALSO AVAILABLE THROUGH THE LLS WEBSITE ARE VIRTUAL LECTURES AND VIDEOS FEATURING DISEASE-SPECIFIC UPDATES AND INFORMATION ABOUT SUPPORT AND TREATMENT OPTIONS FROM WORLD RENOWNED CLINICAL EXPERTS UPCOMING PROGRAMS ARE POSTED AT WWW.LLS.ORG/PROGRAMS AND ARCHIVES OF PAST PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/PASTPROGRAMS IN FY 2016 -20,906 INDIVIDUALS PARTICIPATED IN LLS'S ONLINE DISCUSSION BOARDS -LLS PROVIDED 9 LIVE NATIONAL TELEPHONE-WEB EDUCATION PROGRAMS, WITH 3,032 PARTICIPANTS - THERE WERE 24,078 PAGE VIEWS FOR ARCHIVED WEB PROGRAMS, 16,612 VIEWS OF VIDEOS	
See Additional Data	
4d	Other program services (Describe in Schedule O ) (Expenses \$ 15,384,710 including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 193,107,088

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 Yes	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

**Part IV** Checklist of Required Schedules (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response or note to any line in this Part V . . . . . <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 614		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 8		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		<b>1c</b> Yes	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 1,455		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .		<b>2b</b> Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>	No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .		<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b> Yes	
<b>b</b> If "Yes," enter the name of the foreign country ▶ CA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) . . . . .			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>	No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		<b>5b</b>	No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>	No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b> Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b> Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>	No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		<b>7e</b>	No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>	No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>	
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter . . . . .			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter . . . . .			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .		<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>	No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<b>14b</b>	

Part VI

**Governance, Management, and Disclosure**  
For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

			<b>Yes</b>	<b>No</b>
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	28		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	28		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>			No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
<b>a</b> The governing body?	<b>8a</b>		Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>			No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		<b>Yes</b>	<b>No</b>	
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	Yes		
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	Yes		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes		
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes		
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes		
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes		
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes		
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes		
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		No	
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>			

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	AK, AL, AR, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NH, NJ, NM, NE, NY, OH, OK, OR, PA, PR, RI, SC, TN, UT, VA, WA, WI, WV
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records	ROSEMARIE A LOFFREDO   3 INTERNATIONAL DRIVE   RYE BROOK, NY 10573 (914) 949-5213

Check if Schedule O contains a response or note to any line in this Part VII ☐

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

**Part VII**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								3,826,222		398,635

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 147

3Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

3Yes

4For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

4Yes

5Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

5

No

Section B. Independent Contractors

1Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
OLIVER STAFFING INC, 350 LEXINGTON AV SUITE 401 NEW YORK, NY 10016	TEMP STAFFING	5,017,393
RESOURCE ONE, 2900 EAST APACHE STREET TULSA, OK 74110	DIRECT MARKETIN	4,153,198
APPRIIO INC, PO BOX 123011 DALLAS, TX 75312	IT SOFTWARE DEV	3,696,159
PATIENT ADVOCACY FOUNDATION, 421 BUTLER FARM RD HAMPTON, VA 23666	PAT ASSIST PROC	3,378,284
RESOLUTE MEDIA LLC, 137 W 25TH ST NEW YORK, NY 10001	DIGITAL MARKETI	2,824,015

2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 116

Form **990** (2015)

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	1,784,943			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	165,077,259			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	118,775,886			
	g	Noncash contributions included in lines 1a-1f \$		1,349,813			
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,480,895		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .		84,951			84,951
6a		(i) Real					
		(ii) Personal					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		(i) Securities					
		(ii) Other					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .		-7,668,835			-7,668,835
8a		Gross income from fundraising events (not including \$ 165,077,259 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
		a	17,468,116				
		b	25,748,962				
c		Net income or (loss) from fundraising events . .		-8,280,846			-8,280,846
9a		Gross income from gaming activities See Part IV, line 19 . . . . .					
	a	645,530					
	b	192,038					
c	Net income or (loss) from gaming activities . . .		453,492			453,492	
10a	Gross sales of inventory, less returns and allowances . . . . .						
	a						
	b						
b	Less cost of goods sold . . . . .						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	OTHER MISCELLANEOUS		900099	19,529			19,529
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			19,529			
12	Total revenue. See Instructions . . . . .			271,727,274			-13,910,814

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<input type="checkbox"/>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	42,665,209	42,665,209		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	41,328,384	41,328,384		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	4,544,768	4,544,768		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	1,928,334	1,313,608	354,326	260,400
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	69,382,376	47,258,757	12,746,230	9,377,389
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,752,493	1,137,472	295,027	319,994
9	Other employee benefits.	9,064,877	5,883,642	1,526,046	1,655,189
10	Payroll taxes.	5,056,965	3,282,269	851,326	923,370
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	799,353	526,011	108,064	165,278
c	Accounting.	235,061	154,681	31,778	48,602
d	Lobbying.	858,819	565,143	116,103	177,573
e	Professional fundraising services. See Part IV, line 17.	4,059,876			4,059,876
f	Investment management fees.	190,962	125,663	25,816	39,483
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	14,276,467	9,394,577	1,930,024	2,951,866
12	Advertising and promotion.	6,184,624	2,964,761	816,170	2,403,693
13	Office expenses.	18,094,538	9,531,800	1,979,838	6,582,900
14	Information technology.	6,313,585	4,154,632	853,528	1,305,425
15	Royalties.				
16	Occupancy.	8,874,288	6,029,595	1,242,672	1,602,021
17	Travel.	7,296,935	4,747,531	1,258,507	1,290,897
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	6,399,479	4,135,437	1,057,956	1,206,086
23	Insurance.	596,750	292,444	266,608	37,698
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	MISCELLANEOUS	4,865,168	3,070,704	885,368	909,096
b					
c					
d					
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	254,769,311	193,107,088	26,345,387	35,316,836
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	11,780,749	5,786,717		5,994,032

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			7,141,619	1	14,966,805
	2	Savings and temporary cash investments . . . . .			42,601,449	2	58,353,033
	3	Pledges and grants receivable, net . . . . .			8,633,988	3	16,707,733
	4	Accounts receivable, net . . . . .				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			5,813,918	9	2,768,847
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	43,265,070			
	b	Less accumulated depreciation . . . . .	10b	26,528,369	14,702,511	10c	16,736,701
	11	Investments—publicly traded securities . . . . .			86,639,070	11	96,515,546
	12	Investments—other securities See Part IV, line 11 . . . . .			48,953,251	12	11,144,202
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .				15	
16	Total assets.Add lines 1 through 15 (must equal line 34) . . . . .			214,485,806	16	217,192,867	
Liabilities	17	Accounts payable and accrued expenses . . . . .			17,799,196	17	14,820,632
	18	Grants payable . . . . .			81,859,872	18	71,699,343
	19	Deferred revenue . . . . .			17,304,792	19	12,592,591
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities.Add lines 17 through 25 . . . . .			116,963,860	26	99,112,566
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			71,640,456	27	82,002,442
	28	Temporarily restricted net assets . . . . .			22,847,577	28	32,998,850
	29	Permanently restricted net assets . . . . .			3,033,913	29	3,079,009
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			97,521,946	33	118,080,301
	34	Total liabilities and net assets/fund balances . . . . .			214,485,806	34	217,192,867

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	271,727,274
2	Total expenses (must equal Part IX, column (A), line 25)	2	254,769,311
3	Revenue less expenses Subtract line 2 from line 1	3	16,957,963
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	97,521,946
5	Net unrealized gains (losses) on investments	5	3,584,815
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	15,577
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	118,080,301

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		No
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	Yes	
	<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-5644916

**Name:** THE LEUKEMIA & LYMPHOMA SOCIETYINC

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	15,384,710	including grants of \$	) (Revenue \$	)
-------	----------------	------------	------------------------	---------------	---

D) PROFESSIONAL EDUCATION LLS SERVES THE EDUCATIONAL NEEDS OF THE MEDICAL AND RESEARCH COMMUNITY THROUGH A NUMBER OF PROFESSIONAL EDUCATION SYMPOSIA OFFERED THROUGHOUT THE YEAR THE EDUCATIONAL PROGRAM OFFERS VARYING FORMATS TO FACILITATE THE EXCHANGE OF INFORMATION AND IDEAS ON THE NEWEST DEVELOPMENTS IN CANCER RESEARCH AND TREATMENT



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY COMO-TERM DEC2014 ..... CHIEF INFORM	40 00 .....						X	130,452	0	0
GEORGE J OMIROS-TERM APR15 ..... EVP-CHIEF CA	40 00 .....						X	485,575	0	9,898
GABRIELLE URQUHART-TERM JUN15 ..... REGIONAL VP	40 00 .....						X	186,726	0	10,666
JOHN E WALTER - TERM FEB14 ..... PRESIDENT &	0 00 .....						X	146,327	0	0
JAMES H DAVIS PHD ..... CHAIR	6 00 .....	X		X				0	0	0
ELIZABETH J CLARK PHD ..... VICE CHAIR	4 00 .....	X		X				0	0	0
PETER B BROCK ..... SECRETARY/TR	4 00 .....	X		X				0	0	0
DONALD PROCTOR ..... AT-LARGE	4 00 .....	X		X				0	0	0
JAMES A BECK ..... BOD MEMBER	4 00 .....	X						0	0	0
WILLIAM G BEHNKE ..... BOD MEMBER	1 00 .....									
WILLIAM G BEHNKE ..... BOD MEMBER	4 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JORGE L BENITEZ ..... BOD MEMBER	4 00 .....	X						0	0	0
JAMES E BRADNER ..... BOD MEMBER	4 00 .....	X						0	0	0
A DANA CALLOW JR ..... BOD MEMBER	4 00 .....	X						0	0	0
SCOTT A CARROLL ..... BOD MEMBER	4 00 .....	X						0	0	0
WILLIAM S DALTON PHD ..... BOD MEMBER	4 00 .....	X						0	0	0
GRACIELA E ELETA ..... BOD MEMBER	4 00 .....	X						0	0	0
BERNARD H GARIL ..... BOD MEMBER	4 00 .....	X						0	0	0
FRANCIE HELLER ..... BOD MEMBER	4 00 .....	X						0	0	0
RAANAN HOROWITZ ..... BOD MEMBER	4 00 .....	X						0	0	0
RICHARD M JEANNERET ..... BOD MEMBER	4 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH B KELLEY ..... BOD MEMBER	4 00 .....	X						0	0	0
RALPH E LAWSON ..... BOD MEMBER	4 00 .....	X						0	0	0
MICHELLE LE BEAU PHD ..... BOD MEMBER	4 00 .....	X						0	0	0
GILLES LEGAULT ..... BOD MEMBER	4 00 .....	X						0	0	0
CONNIE LINDSEY ..... BOD MEMBER	4 00 .....	X						0	0	0
STEVEN T ROSEN ..... BOD MEMBER	4 00 .....	X						0	0	0
KENNETH M SCHWARTZ ..... BOD MEMBER	4 00 .....	X						0	0	0
BART SICHEL ..... BOD MEMBER	4 00 .....	X						0	0	0
FRANK O SMITH ..... BOD MEMBER	4 00 .....	X						0	0	0
KATHRYN C VECELLIO ..... BOD MEMBER	4 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LOUISE G WARNER ..... BOD MEMBER	4 00 .....	X						0	0	0
KEITH S WHITE ..... BOD MEMBER	4 00 .....	X						0	0	0

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETYINC	Employer identification number 13-5644916
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . .
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	282,672,072	279,789,664	302,437,152	283,909,984	285,638,088	1,434,446,960
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	282,672,072	279,789,664	302,437,152	283,909,984	285,638,088	1,434,446,960
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						213,124,363
<b>6 Public support.</b> Subtract line 5 from line 4						1,221,322,597

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b>	Amounts from line 4	282,672,072	279,789,664	302,437,152	283,909,984	285,638,088	1,434,446,960
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,705,046	2,260,636	1,203,865	1,891,412	1,565,846	9,626,805
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	1,502,044	1,974,227	104,879	56,829	19,529	3,657,508
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						1,447,731,273
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	134,627,972
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	84.360 %
<b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	83.340 %
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI**   **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
PART II, LINE 10	GRANT TERM & REFUND (YR 2011,2012) 3,321,237 OTHER MISC REVENUE (YR 2011-2015) 336,271

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETYINC	Employer identification number 13-5644916
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?	Yes		157,886
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		125,505
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		157,031
i	Other activities?	Yes		418,397
j	Total. Add lines 1c through 1i.			858,819
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	LLS IS A MEMBER OF A NUMBER OF COALITIONS AND MEMBERSHIPS INCLUDING FRIENDS OF CANCER RESEARCH, ALLIANCE FOR A STRONGER FDA, ONE VOICE AGAINST CANCER, NATIONAL HEALTH COUNCIL, THE CANCER LEADERSHIP COUNCIL AND THE STATE ACCESS TO INNOVATIVE MEDICINES COALITION
SCHEDULE C, PART IV	LLS PARTNERS WITH A NUMBER OF LOBBYING FIRMS WHO WORK WITH OUR PUBLIC POLICY STAFF TO CARRY OUT OUR LOBBYING OBJECTIVES. LLS MOBILIZES PATIENT-ADVOCATES AND VOLUNTEERS TO ENGAGE WITH THEIR FEDERAL AND STATE LEGISLATORS THROUGH DIGITAL ADVOCACY - SENDING LETTERS, SHARING THEIR PERSONAL STORIES, SIGNING PETITIONS, AND ENCOURAGING THEIR LEGISLATORS TO SUPPORT LLS' POLICY PRIORITIES. IN CONJUNCTION WITH LLS EMPLOYEES, PATIENT-ADVOCATES ALSO VISIT THEIR LEGISLATORS IN THEIR LOCAL OFFICES, IN WASHINGTON, DC AND IN STATE CAPITOLS TO FURTHER LLS' POLICY AGENDA.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETYINC	Employer identification number 13-5644916
--	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div></div>	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	► \$
(ii)	Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	6,115,645	6,122,698	6,027,657	6,000,186	6,059,994
b Contributions . . . . .	45,095				
c Net investment earnings, gains, and losses . . . . .	116,288	218,549	313,872	482,520	48,916
d Grants or scholarships . . . . .	-240,000	-221,499	-215,000	-450,000	
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .	-9,060	-4,103	-3,831	-5,049	-9,992
g End of year balance . . . . .	6,027,967	6,115,645	6,122,698	6,027,657	6,000,186

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 51 000 %

c

Temporarily restricted endowment ▶ 49 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

Yes

No

3a(i)

No

3a(ii)

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		1,211,251	634,183	577,068
d Equipment . . . . .		38,235,970	22,872,576	15,363,394
e Other . . . . .		3,817,849	3,021,610	796,239
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . . ▶				16,736,701

Schedule D (Form 990) 2015



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	295,737,491
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	3,584,815
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	11,174,900
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	9,461,935
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	24,221,650
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	271,515,841
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	190,961
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	20,472
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	211,433
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	271,727,274

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	274,565,927
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	11,174,900
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	8,702,677
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	19,877,577
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	254,688,350
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	190,961
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-110,000
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	80,961
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	254,769,311

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART III, LINE 4	THE LLS COLLECTION IS OF PHOTOGRAPHS WHICH ARE USED FOR PUBLIC EXHIBITION AT FUNDRAISING EVENTS HELD TO SUPPORT LLS'S PROGRAMS

**Part XIII**    **Supplemental Information** *(continued)*

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	LLS RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE TAX POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED INCOME GENERATED FROM ACTIVITIES UNRELATED TO LLS'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511 LLS DID NOT RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2016 AND 2015
SCHEDULE D, PAGE 4, PART XI, LINE 2D	LLS CANADA REVENUE 8,899,624 PEARPOINT CANCER SUPPORT REVENUE 10,311 NET ASSETS TRANSFER 552,000
SCHEDULE D, PAGE 4, PART XI, LINE 4B	PEARPOINT MANAGEMENT FEES 20,472
SCHEDULE D, PAGE 4, PART XII, LINE 2D	LLS CANADA EXPENSES 8,653,353 PEARPOINT CANCER SUPPORT EXPENSES 49,324
SCHEDULE D, PAGE 4, PART XII, LINE 4B	LLS CANADA FOREIGN CURRENCY ADJ -110,000

**SCHEDULE F  
(Form 990)****Statement of Activities Outside the United States**

OMB No 1545-0047

**2015****Open to Public  
Inspection**

- **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.**
- **Attach to Form 990.**

► **Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE LEUKEMIA & LYMPHOMA SOCIETYINC

**Employer identification number**

13-5644916

**Part I General Information on Activities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA & CARIBBEAN		2	INVESTMENTS	INVESTMENTS	5,734,913
(2) EAST ASIA		3	RESEARCH FUNDING	RESEARCH GRANTS	1,940,000
(3) NORTH AMERICA	7	5	RESEARCH FUNDING	RESEARCH GRANTS	1,064,385
(4) EUROPE		8	RESEARCH FUNDING	RESEARCH GRANTS	1,540,383
(5) EUROPE		1	INVESTMENTS	INVESTMENTS	1,225,325
<b>3a</b> Sub-total	7	19			11,505,006
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)	7	19			11,505,006

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3

Enter total number of other organizations or entities . . . . . ▶

17

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐ Yes ☒ No

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 2	FIDUCIARY RESPONSIBILITY AND TRANSPARENCY TO OUR DONORS IS A HIGH PRIORITY THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) PLACES CONSIDERABLE EMPHASIS ON THE OVERSIGHT OF GRANT SPENDING T O ACCOMPLISH THIS WE REQUIRE THE SUBMISSION OF ANNUAL FINANCIAL REPORTS FOR EACH OF OUR AC TIVE GRANTS THE REPORT MUST BE SIGNED BY THE FINANCIAL OFFICER AND/OR THE DESIGNATED OFFI CIAL OF THE INSTITUTION HOSTING THE AWARD AT THE END OF THE GRANT, WE REQUIRE A FINAL FIN ANCIAL REPORT THAT PROVIDES AN OVERVIEW OF ALL SPENDING THROUGH THE DURATION OF THE AWARD WE REQUIRE SPECIFIC ACCOUNTING OF SPENDING ON PERSONNEL, CONSULTANTS, EQUIPMENT PURCHASES , SUPPLIES, TRAVEL, PATIENT CARE COSTS, ANIMAL CARE COSTS, AND ANY OTHER EXPENSE A GRANTEE MAY INCUR. WE HAVE SPECIFIC INSTRUCTIONS AND DOLLAR AMOUNT LIMITATIONS SET FOR MANY OF TH ESE CATEGORIES DEPENDING ON THE AWARD TYPE. FINANCIAL REPORTS ARE REVIEWED FOR NUMERICAL A CCURACY , ADHERENCE TO OUR GUIDELINES, AND FOR THE VERIFICATION OF APPROVAL FROM THE INSTIT UTION'S FINANCIAL OFFICER. IF THE GRANTEE DOES NOT SUBMIT AN ANNUAL FINANCIAL REPORT BY TH E DUE DATE OUTLINED IN THEIR CONTRACT, FUNDING IS SUSPENDED UNTIL LLS RECEIVES AND APPROVE S THE DELINQUENT REPORT

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA & CARIBBEAN 0 5,734,913 EAST ASIA 1,940,000 0 NORTH AMERICA 1,064,385 0 EUROPE 1,540,383 0 EUROPE 0 1,225,325

Additional Data

Software ID:  
Software Version:  
EIN: 13-5644916  
Name: THE LEUKEMIA & LYMPHOMA SOCIETYINC

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & PACIFIC	RESEARCH GRANTS	1,250,000	CHECK			FMV
		EAST ASIA & PACIFIC	RESEARCH GRANTS	100,000	CHECK			FMV
		EAST ASIA & PACIFIC	RESEARCH GRANTS	200,000	CHECK			FMV
		EUROPE	RESEARCH GRANTS	65,583	CHECK			FMV

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH GRANTS	110,000	CHECK			FMV
		EUROPE	RESEARCH GRANTS	200,000	WIRE			FMV
		EUROPE	RESEARCH GRANTS	199,800	WIRE			FMV
		EUROPE	RESEARCH GRANTS	200,000	WIRE			FMV

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH GRANTS	65,000	WIRE			FMV
		EUROPE	RESEARCH GRANTS	200,000	WIRE			FMV
		EUROPE	THERAPY ACCELERATION	500,000	WIRE			FMV
		NORTH AMERICA	RESEARCH GRANTS	200,000	WIRE			FMV

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH GRANTS	200,000	CHECK			FMV
		NORTH AMERICA	RESEARCH GRANTS	199,980	WIRE			FMV
		NORTH AMERICA	RESEARCH GRANTS	65,000	CHECK			FMV
		EAST ASIA & PACIFIC	RESEARCH GRANT	390,000	CHECK			FMV

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH GRANT	399,405	CHECK			FMV

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number  
13-5644916

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a☒ Mail solicitations

e☒ Solicitation of non-government grants

b☒ Internet and email solicitations

f☐ Solicitation of government grants

c☒ Phone solicitations

g☒ Special fundraising events

d☒ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 MAIL AMERICA COMMUNICATIONS INC 174 ELKTON FARM ROAD  FOREST, VA 24551	DIRECT MAI		No		1,642,126	-1,642,126
2 THOMPSON HABIB & DENISON 80 HAYDEN AVENUE SUITE 300  LEXINGTON, MA 02421	DIRECT MAI		No		456,932	-456,932
3 COINSTAR 1800 114TH AVENUE SE  BELLEVUE, WA 98004	COIN COLLE		No		407,239	-407,239
4 DONOR CARE CENTER INC 4345 STRAUSSER ST NW  NORTH CANTON, OH 44720	TELEMARKET		No		194,253	-194,253
5 THE HERITAGE COMPANY INC PO BOX 16325  LITTLE ROCK, AR 722316325	DIRECT MAI		No		70,917	-70,917
6 INFOCISION MANAGEMENT CORPORATION 325 SPRINSIDE DRIVE  AKRON, OH 44333	TELEMARKET		No		54,276	-54,276
7						
8						
9						
10						
Total					2,825,743	-2,825,743

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

All States

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1  <u>LAKE TAHOE BIKE</u> (event type)	(b)Event #2  <u>DC LEUKEMIA BAL</u> (event type)	(c)Other events  <u>518</u> (total number)	(d) Total events (add col (a) through col (c))	
	1	Gross receipts . . . . .	3,450,905	3,083,245	176,011,225	182,545,375
	2	Less Contributions . . . . .	3,222,877	1,967,862	159,886,520	165,077,259
	3	Gross income (line 1 minus line 2) . . . . .	228,028	1,115,383	16,124,705	17,468,116
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .	65,572	6,912	4,511,145	4,583,629
	6	Rent/facility costs . . . . .	211	561,055	6,832,313	7,393,579
	7	Food and beverages . . . . .	53,932	325,015	3,296,541	3,675,488
	8	Entertainment . . . . .	5	272,400	440,177	712,582
	9	Other direct expenses . . . . .	444,194	6,323	8,933,167	9,383,684
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►				25,748,962
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ►				-8,280,846

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .		645,530	645,530
	2	Cash prizes . . . . .		2,380	2,380
Direct Expenses	3	Noncash prizes . . . . .		179,806	179,806
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .		9,852	9,852
	6	Volunteer labor . . . . . <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 90.000 % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			192,038
	8	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶			453,492

9 Enter the state(s) in which the organization conducts gaming activities See Additional Data Table

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☒ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☒ No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	25.000 %
b	An outside facility	13b	75.000 %

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ROSEMARIE LOFFREDO

Address ▶ 3 INTERNATIONAL DRIVE SUITE 200  
RYE BROOK, NY 10573

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶ SEE SCHEDULE G PART IV

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☒ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PAGE 2, PART III, LINE 9	TEXAS, IOWA
SCHEDULE G, PART IV	SCHEDULE G PART I, LINE 2B LLS USED MAIL AMERICA COMMUNICATIONS AND THOMPSON, HABIG & DENSON FOR ITS NATIONAL COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMS THESE PROGRAMS GENERATED GROSS RECEIPTS OF 19,208,525 DURING FISCAL YEAR 2016 LLS USED INFOCISION MANAGEMENT CORPORATION, COINSTAR AND DONOR CARE CENTER FOR ALL OF ITS OTHER FUNDRAISING EVENTS DURING THE FISCAL YEAR 2016 SCHEDULE G PART II - LINE 2 CONTRIBUTIONS REPRESENT THE CASH DONATIONS IN EXCESS OF THE FAIR MARKET VALUE OF BENEFITS PROVIDED TO THE DONOR SCHEDULE G PART III - LINE 16 THE LEUKEMIA AND LYMPHOMA SOCIETY DOES NOT HAVE AN OVERALL MANAGER FOR GAMING ACTIVITIES EACH GAMING EVENT IS MANAGED LOCALLY BY THE SPECIFIC CHAPTER STAFF

Schedule G (Form 990 or 990-EZ) 2015

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-5644916

**Name:** THE LEUKEMIA & LYMPHOMA SOCIETYINC

### Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates  
gaming activities

AL, DE, DC, NY, OH, OR, PA, TX, IA

# 2015

**Open to Public  
Inspection**

13-5644916

☒ Yes      ☐ No

**(h)** Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	FIDUCIARY RESPONSIBILITY AND TRANSPARENCY TO OUR DONORS IS A HIGH PRIORITY THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) PLACES CONSIDERABLE EMPHASIS ON THE OVERSIGHT OF GRANT SPENDING TO ACCOMPLISH THIS WE REQUIRE THE SUBMISSION OF ANNUAL FINANCIAL REPORTS FOR EACH OF OUR ACTIVE GRANTS THE REPORT MUST BE SIGNED BY THE FINANCIAL OFFICER AND/OR THE DESIGNATED OFFICIAL OF THE INSTITUTION HOSTING THE AWARD AT THE END OF THE GRANT, WE REQUIRE A FINAL FINANCIAL REPORT THAT PROVIDES AN OVERVIEW OF ALL SPENDING THROUGH THE DURATION OF THE AWARD WE REQUIRE SPECIFIC ACCOUNTING OF SPENDING ON PERSONNEL, CONSULTANTS, EQUIPMENT PURCHASES, SUPPLIES, TRAVEL, PATIENT CARE COSTS, ANIMAL CARE COSTS, AND ANY OTHER EXPENSE A GRANTEE MAY INCUR WE HAVE SPECIFIC INSTRUCTIONS AND DOLLAR AMOUNT LIMITATIONS SET FOR MANY OF THESE CATEGORIES DEPENDING ON THE AWARD TYPE FINANCIAL REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, ADHERENCE TO OUR GUIDELINES, AND FOR THE VERIFICATION OF APPROVAL FROM THE INSTITUTION'S FINANCIAL OFFICER IF THE GRANTEE DOES NOT SUBMIT AN ANNUAL FINANCIAL REPORT BY THE DUE DATE OUTLINED IN THEIR CONTRACT, FUNDING IS SUSPENDED UNTIL LLS RECEIVES AND APPROVES THE DELINQUENT REPORT PATIENT FINANCIAL AID THE LEUKEMIA AND LYMPHOMA SOCIETY (LLS) REGULARLY RECEIVES CALLS FROM PATIENTS WHO CANNOT MOVE FORWARD WITH THEIR POTENTIALLY LIFE-SAVING TREATMENTS BECAUSE THEY CANNOT AFFORD TO PAY FOR MANY EXPENSES RELATED TO THEIR TREATMENT SOMETIMES PATIENTS HAVE TO CHOOSE BETWEEN BASIC NEEDS SUCH AS FOOD OR SHELTER AND THEIR HEALTH CARE TREATMENT EXPENSES IN AN EFFORT TO ALLEVIATE SUCH HARDSHIPS, LLS HAS ESTABLISHED A PATIENT FINANCIAL AID PROGRAM THAT PROVIDES APPLICANTS, WHO RESIDE IN THE US AND HAVE A BLOOD CANCER DIAGNOSIS, A ONE-TIME ANNUAL STIPEND TO HELP DEFER SOME OF THESE EXPENSES LLS ROUTINELY CONDUCTS AN OPERATIONAL AUDIT VERIFYING APPLICANTS ARE IN COMPLIANCE WITH PROGRAM GUIDELINES AND PROGRAM CRITERIA CO-PAY ASSISTANCE PATIENT APPLICATIONS ARE PROCESSED ON A FIRST COME, FIRST SERVED BASIS ELIGIBLE PATIENTS MUST RESIDE IN THE UNITED STATES OR PUERTO RICO, HAVE A PROGRAM COVERED BLOOD CANCER DIAGNOSIS CONFIRMED BY A PHYSICIAN, MAINTAIN MEDICAL/PRESCRIPTION INSURANCE AND HAVE HOUSEHOLD INCOME AT OR BELOW 500% OF THE US FEDERAL POVERTY LEVEL AS ADJUSTED BY HOUSEHOLD SIZE AND COST OF LIVING INDEX PATIENTS MUST PROVIDE PROOF OF INSURANCE AND INCOME QUALIFYING PATIENTS ARE APPROVED FOR A TWELVE MONTH COVERAGE PERIOD PATIENT TRAVEL ASSISTANCE THE LEUKEMIA AND LYMPHOMA SOCIETY (LLS) REGULARLY RECEIVES CALLS FROM PATIENTS WHO CANNOT MOVE FORWARD WITH THEIR POTENTIALLY LIFE-SAVING TREATMENTS BECAUSE THEY CANNOT AFFORD TO PAY FOR TRANSPORTATION TO GET TO THEIR PROVIDERS, E G DOCTORS, HOSPITALS, TRANSPLANT CENTERS, AND RESEARCH OR CLINICAL TRIAL CENTERS SOMETIMES PATIENTS HAVE TO TRAVEL OUT-OF-STATE TO GET THEIR PRESCRIBED AND RECOMMENDED TREATMENTS, OFTENTIMES RESULTING IN PATIENTS HAVING TO CHOOSE BETWEEN BASIC NEEDS SUCH AS FOOD OR SHELTER AND THEIR HEALTH CARE IN AN EFFORT TO ALLEVIATE SUCH HARDSHIPS, LLS ESTABLISHED THE TRAVEL ASSISTANCE PROGRAM WHICH PROVIDES APPLICANTS, WHO ARE US CITIZENS OR PERMANENT RESIDENTS, HAVE AN ANNUAL INCOME AT OR BELOW 500% OF THE FEDERAL POVERTY LEVEL (FPL) AND HAVE A CONFIRMED BLOOD CANCER DIAGNOSIS, A ONE-TIME ANNUAL STIPEND TO HELP DEFER SOME OF THESE EXPENSES LLS ROUTINELY CONDUCTS AN OPERATIONAL AUDIT VERIFYING APPLICANTS ARE IN COMPLIANCE WITH PROGRAM GUIDELINES AND PROGRAM CRITERIA

Additional Data

Software ID:  
Software Version:  
EIN: 13-5644916  
Name: THE LEUKEMIA & LYMPHOMA SOCIETYINC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACETYLON PHARMACEUTICALS INC SEAPORT CTR 70 FARGO ST SUITE 205 BOSTON,MA 022102138	26-3506788		1,300,000		FMV		THERAPY ACCELERATION
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BELFER 1108 BRONX,NY 10471	47-2209056	3	110,000		ACCRUAL		RESEARCH GRANT
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BELFER 1108 BRONX,NY 10471	47-2209056	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BELFER 1108 BRONX, NY 10471	47-2209056	3	200,000		ACCRUAL		RESEARCH GRANT
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BELFER 1108 BRONX, NY 10471	47-2209056	3	200,000		ACCRUAL		RESEARCH GRANT
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BELFER 1108 BRONX, NY 10471	47-2209056	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BELFER 1108 BRONX, NY 10471	47-2209056	3	200,000		ACCRUAL		RESEARCH GRANT
ARIZONA BOARD OF REGENTS UNIVERSIT PO BOX 210158 RM 510 TUCSON, AZ 857210158	74-2652689	3	75,000		ACCRUAL		RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MAIL STOP BCM-31 HOUSTON, TX 77030	74-1613878	3	1,250,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MAIL STOP BCM-31 HOUSTON, TX 77030	74-1613878	3	200,000		ACCRUAL		RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MAIL STOP BCM-31 HOUSTON, TX 77030	74-1613878	3	200,000		ACCRUAL		RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MAIL STOP BCM-310 HOUSTON, TX 77030	74-1613878	3	100,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BECKMAN RESEARCH INSTIT OF CITY OF 1500 DUARTE ROAD DUARTE,CA 910103000	95-3432210	3	110,000		ACCRUAL		RESEARCH GRANT
BECKMAN RESEARCH INSTIT OF CITY OF 1500 DUARTE ROAD DUARTE,CA 910103000	95-3432210	3	110,000		ACCRUAL		RESEARCH GRANT
BETH ISRAEL DEACONESS 330 BROOKLINE AVE BR- 0259 BOSTON,MA 02215	04-2103881	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETH ISRAEL DEACONESS 330 BROOKLINE AVE BR-0259 BOSTON,MA 02215	04-2103881	3	55,000		ACCRUAL		RESEARCH GRANT
BETH ISRAEL DEACONESS 330 BROOKLINE AVE BR-0259 BOSTON,MA 02215	04-2103881	3	110,000		ACCRUAL		RESEARCH GRANT
BOARD OF REGENTS U OF WISCONSIN SYS 21 N PARK ST SUITE 6401 MADISON,WI 537151218	39-6006492	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON, MA 022414413	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON, MA 022414413	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON, MA 022414413	04-2774441	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON, MA 022414413	04-2774441	3	133,333		ACCRUAL		RESEARCH GRANT
BRANDEIS UNIVERSITY 415 SOUTH ST WALTHAM, MA 02454	04-2103552	3	55,000		ACCRUAL		RESEARCH GRANT
BRIGHAM & WOMENS HOSPITAL PO BOX 3149 BOSTON, MA 022413149	04-2312909	3	55,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRIGHAM & WOMENS HOSPITAL PO BOX 3149 BOSTON, MA 022413149	04-2312909	3	110,000		ACCRUAL		RESEARCH GRANT
BRIGHAM & WOMENS HOSPITAL PO BOX 3149 BOSTON, MA 022413149	04-2312909	3	1,250,000		ACCRUAL		RESEARCH GRANT
BRIGHAM & WOMENS HOSPITAL PO BOX 3149 BOSTON, MA 022413149	04-2312909	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD MAIL CODE PASADENA, CA 91125	95-1643307	3	55,000		ACCRUAL		RESEARCH GRANT
CASE WESTERN RESERVE UNIV SCHOOL OF 10900 EUCLID AVENUE CLEVELAND, OH 441067037	34-1018992	3	200,000		ACCRUAL		RESEARCH GRANT
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BOULEVARD 65-WIL 115 LOS ANGELES, CA 90048	95-1644600	3	133,333		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVENUE BOSTON,MA 02115	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVENUE BOSTON,MA 02115	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MAIL STOP 54 LOS ANGELES,CA 90027	95-1690977	3	75,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MAIL STOP 54 LOS ANGELES, CA 90027	95-1690977	3	200,000		ACCRUAL		RESEARCH GRANT
CHOP RESEARCH INSTITUTE LOCKBOX 1457 PO BOX 8500 PHILADELPHIA, PA 191781457	23-1352166	3	110,000		ACCRUAL		RESEARCH GRANT
CINCINNATI CHILDREN'S HOSPITAL MEDI 3333 BURNET AVENUE CINCINATTI, OH 45229	31-0833936	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CINCINNATI CHILDREN'S RESEARCH FOUN 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	3	55,000		ACCRUAL		RESEARCH GRANT
CINCINNATI CHILDREN'S RESEARCH FOUN 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	3	200,000		ACCRUAL		RESEARCH GRANT
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLD SPRING HARBOR LABORATORY 1 BUNGTOWN ROAD PO BOX 100 COLD SPRING HARBOR, NY 11724	11-2013303	3	110,000		ACCRUAL		RESEARCH GRANT
COLUMBIA UNIVERSITY 615 WEST 131ST STREET - MAIL CODE 8 NEW YORK, NY 10027	13-5598093	3	65,000		ACCRUAL		RESEARCH GRANT
COLUMBIA UNIVERSITY 615 WEST 131ST STREET - MAIL CODE 8 NEW YORK, NY 10027	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBIA UNIVERSITY 615 WEST 131ST STREET - MAIL CODE 8 NEW YORK, NY 10027	13-5598093	3	110,000		ACCRUAL		RESEARCH GRANT
COLUMBIA UNIVERSITY 615 WEST 131ST STREET - MAIL CODE 8 NEW YORK, NY 10027	13-5598093	3	110,000		ACCRUAL		RESEARCH GRANT
COLUMBIA UNIVERSITY 615 WEST 131ST STREET - MAIL CODE 8 NEW YORK, NY 10027	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBIA UNIVERSITY 615 WEST 131ST STREET - MAIL CODE 8 NEW YORK, NY 10027	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
COLUMBIA UNIVERSITY 615 WEST 131ST STREET - MAIL CODE 8 NEW YORK, NY 10027	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
COLUMBIA UNIVERSITY 615 WEST 131ST STREET - MAIL CODE 8 NEW YORK, NY 10027	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBIA UNIVERSITY 615 WEST 131ST STREET NEW YORK, NY 10027	13-5598093	3	150,000		FMV		RESEARCH GRANT
CONSTELLATION PHARMACEUTICALS INC 215 FIRST STREET SUITE 200 CAMBRIDGE, MA 02142	26-1741721		250,000		FMV		THERAPY ACCELERATION
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON,MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON,MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON,MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	109,820		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	15,477		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	65,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	1,250,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	1,000,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON,MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON,MA 02215	04-2263040	3	75,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON,MA 02215	04-2263040	3	75,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE MAIL STOP BP4 BOSTON, MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE ROOM M557 BOSTON, MA 022155450	04-2263040	3	138,875		FMV		THERAPY ACCELERATION
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE ROOM M557 BOSTON, MA 022155450	04-2263040	3	111,100		FMV		THERAPY ACCELERATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE ROOM M557 BOSTON, MA 022155450	04-2263040	3	55,550		FMV		THERAPY ACCELERATION
DUKE UNIVERSITY MEDICAL CENTER 324 BLACKWLL STREET WASHINGTON BLD DURHAM, NC 27708	56-0532129	3	200,000		ACCRUAL		RESEARCH GRANT
DUKE UNIVERSITY MEDICAL CENTER 324 BLACKWLL STREET WASHINGTON BLD DURHAM, NC 27708	56-0532129	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EMORY UNIVERSITY 1599 CLIFTON RD NE 4TH FL 1599-0 ATLANTA,GA 303224250	58-2137993	3	200,000		ACCRUAL		RESEARCH GRANT
EMORY UNIVERSITY PO BOX 935084 ATLANTA,GA 311935084	58-2137993	3	350,000		FMV		THERAPY ACCELERATION
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH J6-300 SEATTLE,WA 981091024	23-7156071	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH J6-300 SEATTLE, WA 981091024	23-7156071	3	200,000		ACCRUAL		RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH J6-300 SEATTLE, WA 981091024	23-7156071	3	200,000		ACCRUAL		RESEARCH GRANT
ICAHN SCHOOL OF MEDICINE AT MOUNT S ONE GUSTAVE L LEVY PLACE BOX 350 NEW YORK, NY 10029	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ICAHN SCHOOL OF MEDICINE AT MOUNT S ONE GUSTAVE L LEVY PLACE BOX 350 NEW YORK, NY 10029	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT
ICAHN SCHOOL OF MEDICINE AT MOUNT S ONE GUSTAVE L LEVY PLACE BOX 350 NEW YORK, NY 10029	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT
ICAHN SCHOOL OF MEDICINE AT MOUNT S ONE GUSTAVE L LEVY PLACE BOX 350 NEW YORK, NY 10029	13-6171197	3	300,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INDIANA UNIVERSITY 509 E 3RD STREET BLOOMINGTON, IN 474013654	35-6018940	3	110,000		ACCRUAL		RESEARCH GRANT
INDIANA UNIVERSITY SCHOOL OF MEDICI 340 WEST 10TH STREET SUITE 6200 INDIANAPOLIS, IN 462023082	35-6001673	3	75,000		ACCRUAL		RESEARCH GRANT
IUPUI 980 INDIANA AVENUE INDIANAPOLIS, IN 462022915	35-6001673	3	133,333		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
IWMF 6144 CLARK CENTER AVE SARASOTA, FL 34238	54-1784426	3	125,000		ACCRUAL		RESEARCH GRANT
JOHN HOPKINS UNIVERSITY JOHNS HOSPKINS UNIVERSITY CENTRAL L CHICAGO, IL 60693	52-0595110	3	299,238		FMV		RESEARCH GRANT
JOHNS HOPKINS UNIV 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110	3	55,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JOHNS HOPKINS UNIV 12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	3	200,000		ACCRUAL		RESEARCH GRANT
JOHNS HOPKINS UNIV 12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	3	200,000		ACCRUAL		RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	3	300,000		FMV		THERAPY ACCELERATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY CENTRAL LO 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110	3	250,000		FMV		THERAPY ACCELERATION
KITE PHARMA INC 2225 COLORADO AVENUE SANTA MONICA, CA 90404	27-1524986		1,000,000		FMV		THERAPY ACCELERATION
LA JOLLA INST FOR ALLERGY & IMMUNOL 9420 ATHENA CIRCLE LA JOLLA, CA 92037	33-0328688	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LELAND STANFORD JUNIOR UNIVERSITY STANFORD UNIVERSITY LOCKBOX PO BOX SAN FRANCISCO, CA 94144	94-1156365	3	100,000		ACCRUAL		RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 022414876	04-1564655	3	55,000		ACCRUAL		RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 022414876	04-1564655	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON,MA 022414876	04-1564655	3	65,000		ACCRUAL		RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON,MA 022414876	04-1564655	3	200,000		ACCRUAL		RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON,MA 022414876	04-1564655	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL MGH RESEARCH FINANCE PO BOX 414876 BOSTON, MA 02241	04-1564655	3	75,000		ACCRUAL		RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLO 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	3	55,000		ACCRUAL		RESEARCH GRANT
MAYO CLINIC ARIZONA MAYO CLINIC RESEARCH PO BOX 860334 MINNEAPOLIS, MN 554860334	86-0800150	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MAYO CLINIC ROCHESTER PO BOX 860334 MINNEAPOLIS, MN 554860334	41-6011702	3	110,000		ACCRUAL		RESEARCH GRANT
MAYO CLINIC ROCHESTER PO BOX 860334 MINNEAPOLIS, MN 554860334	41-6011702	3	300,000		ACCRUAL		RESEARCH GRANT
MAYO CLINIC ROCHESTER PO BOX 860334 MINNEAPOLIS, MN 554860334	41-6011702	3	329,938		FMV		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MD ANDERSON CANCER CENTER PO BOX 4390 HOUSTON, TX 772104390	74-6001118	3	110,000		ACCRUAL		RESEARCH GRANT
MD ANDERSON CANCER CENTER PO BOX 4390 HOUSTON, TX 772104390	74-6001118	3	110,000		ACCRUAL		RESEARCH GRANT
MD ANDERSON CANCER CENTER PO BOX 4390 HOUSTON, TX 772104390	74-6001118	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MD ANDERSON CANCER CENTER PO BOX 4390 HOUSTON, TX 772104390	74-6001118	3	200,000		ACCRUAL		RESEARCH GRANT
MD ANDERSON CANCER CENTER PO BOX 4390 HOUSTON, TX 772104390	74-6001118	3	200,000		ACCRUAL		RESEARCH GRANT
MD ANDERSON CANCER CENTER PO BOX 4390 HOUSTON, TX 77210	74-6001118	3	400,000		FMV		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEMORIAL SLOAN KETTERING CANCER CEN PO BOX 026338 NEW YORK, NY 10087	13-1924236	3	55,000		ACCRUAL		RESEARCH GRANT
MEMORIAL SLOAN KETTERING CANCER CEN PO BOX 026338 NEW YORK, NY 10087	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
MEMORIAL SLOAN KETTERING CANCER CEN PO BOX 026338 NEW YORK, NY 10087	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEMORIAL SLOAN KETTERING CANCER CEN PO BOX 026338 NEW YORK, NY 10087	13-1924236	3	65,000		ACCRUAL		RESEARCH GRANT
MEMORIAL SLOAN KETTERING CANCER CEN PO BOX 026338 NEW YORK, NY 10087	13-1924236	3	55,000		ACCRUAL		RESEARCH GRANT
MEMORIAL SLOAN KETTERING CANCER CEN PO BOX 026338 NEW YORK, NY 10087	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEMORIAL SLOAN KETTERING CANCER CEN PO BOX 026338 NEW YORK, NY 10087	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
MEMORIAL SLOAN KETTERING CANCER CEN PO BOX 026338 NEW YORK, NY 10087	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
MEMORIAL SLOAN KETTERING CANCER CEN PO BOX 026338 NEW YORK, NY 10087	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEMORIAL SLOAN KETTERING CANCER CEN PO BOX 026338 NEW YORK, NY 10087	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
MEMORIAL SLOAN KETTERING CANCER CEN PO BOX 026338 NEW YORK, NY 10087	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
MEMORIAL SLOAN KETTERING CANCER CEN PO BOX 026338 NEW YORK, NY 10087	13-1924236	3	65,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEMORIAL SLOAN KETTERING CANCER CEN PO BOX 026338 NEW YORK, NY 10087	13-1924236	3	192,404		ACCRUAL		RESEARCH GRANT
MEMORIAL SLOAN KETTERING CANCER CEN PO BOX 026338 NEW YORK, NY 10087	13-1924236	3	200,000		ACCRUAL		RESEARCH GRANT
MOFFITT CANCER CENTER PO BOX 742801 ATLANTA, GA 303742801	59-3238634	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MPNRF 180 N MICHIGAN AVENUE SUITE 1870 CHICAGO, IL 60601	36-4330967	3	100,000		ACCRUAL		RESEARCH GRANT
NEW YORK UNIVERSITY 665 BROADWAY SUITE 801 NEW YORK, NY 100122331	13-5562308	3	75,000		ACCRUAL		RESEARCH GRANT
NORTHWESTERN UNIVERSITY 633 CLARK - ROOM G547 EVANSTON, IL 60208	36-2167817	3	133,333		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NYU MEDICAL CENTER 1 PARK AVENUE 6TH FLOOR NEW YORK, NY 10016	13-5562308	3	55,000		ACCRUAL		RESEARCH GRANT
NYU SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 022414150	13-5562308	3	65,000		ACCRUAL		RESEARCH GRANT
NYU SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 022414150	13-5562308	3	1,250,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NYU SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 022414150	13-5562308	3	200,000		ACCRUAL		RESEARCH GRANT
NYU SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 022414150	13-5562308	3	200,000		ACCRUAL		RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 972393098	23-7083114	3	1,111,000		FMV		THERAPY ACCELERATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 972393098	23-7083114	3	1,111,000		FMV		THERAPY ACCELERATION
PENN MEDICINE 295 JOHN MORGAN BUILDING 3620 HAMI PHILADELPHIA, PA 19104	23-1352685	3	110,000		ACCRUAL		RESEARCH GRANT
PRESIDENT & FELLOWS OF HARVARD COLL PO BOX 415649 BOSTON, MA 024415649	04-2103580	3	55,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MICHIG BOX 223131 PITTSBURGH, PA 152512131	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF MICHIG BOX 223131 PITTSBURGH, PA 152512131	38-6006309	3	106,384		ACCRUAL		RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF MICHIG BOX 223131 PITTSBURGH, PA 152512131	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MICHIG BOX 223131 PITTSBURGH, PA 152512131	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF MICHIG BOX 223131 PITTSBURGH, PA 152512131	38-6006309	3	300,000		ACCRUAL		RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF MICHIG BOX 223131 PITTSBURGH, PA 152512131	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MICHIG BOX 223131 PITTSBURGH, PA 152512131	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF MICHIG BOX 223131 PITTSBURGH, PA 152512131	38-6006309	3	300,000		ACCRUAL		RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF MICHIG BOX 223131 PITTSBURGH, PA 152512131	38-6006309	3	300,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MICHIG PO BOX 223131 PITTSBURGH, PA 152512131	38-6006309	3	349,925		FMV		RESEARCH GRANT
RESEARCH FOUNDATION SUNY 750 E ADAMS STREET ROOM 209 CAB SYRACUSE, NY 13210	14-1368361	3	110,000		ACCRUAL		RESEARCH GRANT
ST JUDE CHILDREN'S RESEARCH HOSPIT PO BOX 1000 DEPT 949 MEMPHIS, TN 381480949	62-0646012	3	65,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPIT PO BOX 1000 DEPT 949 MEMPHIS,TN 381480949	62-0646012	3	200,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO,CA 941444253	94-1156365	3	55,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO,CA 941444253	94-1156365	3	65,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	3	55,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	3	110,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	3	65,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STEMLINE THERAPEUTICS INC 750 LEXINGTON AVENUE 11TH FLOOR NEW YORK, NY 10022	45-0522567		500,000		FMV		THERAPY ACCELERATION
TEMPLE UNIVERSITY PO BOX 824242 PHILADELPHIA, PA 191824242	23-1365971	3	400,000		FMV		RESEARCH GRANT
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD OFFICE OF SPONSORE COLUMBUS, OH 43210	31-6025986	3	200,000		ACCRUAL		RESEARCH GRANT
THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD TPC- LA JOLLA, CA 92037	33-0435954	3	55,000		ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF ARIZONA 512 PO BOX 210066 TUCSON, AZ 857210066	74-2652689	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE UNIVERSITY OF CHICAGO 6030 S ELLIS AVE ROOM 114 ED-11 CHICAGO, IL 60637	36-2177139	3	55,000		ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF CHICAGO 6030 S ELLIS AVE ROOM 114 ED-11 CHICAGO, IL 60637	36-2177139	3	200,000		ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF CHICAGO 6030 S ELLIS AVE ROOM 114 ED-11 CHICAGO, IL 60637	36-2177139	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE MC6092 CHICAGO, IL 60637	36-2177139	3	200,000		ACCRUAL		RESEARCH GRANT
TUFTS MEDICAL CENTER 800 WASHINGTON STREET 453 BOSTON, MA 02111	04-2103634	3	200,000		ACCRUAL		RESEARCH GRANT
UC SAN DIEGO - HEALTH SCIENCES 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 920930009	95-2872494	3	55,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNC AT CHAPEL HILL PO BOX 402420 ATLANTA, GA 303842420	56-6001393	3	65,000		ACCRUAL		RESEARCH GRANT
UNC AT CHAPEL HILL PO BOX 402420 ATLANTA, GA 303842420	56-6001393	3	199,541		ACCRUAL		RESEARCH GRANT
UNIV OF TEXAS HEALTH SCIENCE CENTER MAIL CODE 78287703 FLOYD CURL DRIVE SAN ANTONIO, TX 782293900	74-1586031	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIV OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 016550002	04-3167352	3	65,000		ACCRUAL		RESEARCH GRANT
UNIV OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 016550002	04-3167352	3	55,000		ACCRUAL		RESEARCH GRANT
UNIV OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 016550002	04-3167352	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIV OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 016550002	04-3167352	3	110,000		ACCRUAL		RESEARCH GRANT
UNIV OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 016550002	04-3167352	3	110,000		ACCRUAL		RESEARCH GRANT
UNIV OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 016550002	04-3167352	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVENUE SOUTH SUITE 1170 BIRMINGHAM, AL 352940111	63-6005396	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVENUE SOUTH SUITE 1170 BIRMINGHAM, AL 352940111	63-6005396	3	300,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVENUE SOUTH SUITE 1170 BIRMINGHAM, AL 352940111	63-6005396	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVENUE SOUTH SUITE 1170 BIRMINGHAM, AL 352940111	63-6005396	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CALIFORNIA LOS ANGEL 11000 KINROSS AVE SUITE 102 LOS ANGELES, CA 90095	95-6006143	3	55,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 920930009	95-6006144	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 920930009	95-6006144	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 920930009	95-6006144	3	1,250,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 920930009	95-6006144	3	75,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN FRANC 1855 FOLSOM STREET SUITE 425 SAN FRANCISCO, CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC 1855 FOLSOM STREET SUITE 425 SAN FRANCISCO, CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC 1855 FOLSOM STREET SUITE 425 SAN FRANCISCO, CA 94143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN FRANC 1855 FOLSOM STREET SUITE 425 SAN FRANCISCO, CA 94143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC 1855 FOLSOM STREET SUITE 425 SAN FRANCISCO, CA 94143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC 1855 FOLSOM STREET SUITE 425 SAN FRANCISCO, CA 94143	94-6036493	3	65,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SUITE 425 SAN FRANCISCO, CA 94143	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SUITE 425 SAN FRANCISCO, CA 94143	94-6036493	3	75,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANCISCO CGA BOX 0897 SAN FRANCISCO, CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN FRANC CGA BOX 0897 SAN FRANCISCO, CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC CGA BOX 0897 SAN FRANCISCO, CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CONNECTICUT HEALTH CE 263 FARMINGTON AVENUE FARMINGTON, CT 060305335	52-1725543		150,000		FMV		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF FLORIDA 33 TIGERT HALL P O BOX 113001 GAINESVILLE, FL 326113001	59-6002052	3	109,169		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF FLORIDA 33 TIGERT HALL P O BOX 113001 GAINESVILLE, FL 326113001	59-6002052	3	1,250,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF IOWA GILMORE HALL UNIVERSITY OF IOWA IOWA CITY, IA 52242	42-6004813	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF MARYLAND AT BALTIMORE PO BOX 41428 BALTIMORE, MD 212036428	52-6002033	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF MINNESOTA 450 MCNAMARA ALUMNI CENTER 200 OAK MINNEAPOLIS, MN 55455	41-6042488	3	75,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF MINNESOTA TWIN CITIE 450 MCNAMARA ALUMNI CENTER MINNEAPOLIS, MN 55455	41-6007513	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 191785541	23-1352685	3	55,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 191785541	23-1352685	3	55,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 191785541	23-1352685	3	1,250,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 191785541	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF SOUTH CAROLINA 901 SUMTER STREET 5TH FLOOR USC R COLUMBIA, SC 29208	57-6001153	3	25,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF SOUTHERN CALIFORNIA 2250 ALCAZAR STREET CONTRACTS GR LOS ANGELES, CA 900742095	95-1642394	3	65,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF TEXAS PO BOX 4390 HOUSTON, TX 772104390	30-0710145	3	1,000,000		FMV		THERAPY ACCELERATION
UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS, TX 752841753	75-6002868	3	110,000		ACCRUAL		RESEARCH GRANT
VALOR BIOTHERAPEUTICS PO BOX 15922 COLLEGE STATION, TX 77841	46-1883738		450,000		FMV		THERAPY ACCELERATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VALOR BIOTHERAPEUTICS PO BOX 15922 COLLEGE STATION, TX 77841	46-1883738		400,000		FMV		THERAPY ACCELERATION
VANDERBILT UNIVERSITY MEDICAL CENTE DEPT 1236 PO BOX 121236 DALLAS, TX 753121236	62-0476822	3	110,000		ACCRUAL		RESEARCH GRANT
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 232843039	01-2201761	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WASHINGTON UNIVERSITY SCHOOL OF MED 700 ROSEDALE AVENUE CAMPUS BOX 1034 ST LOUIS, MO 631121408	43-0653611	3	110,000		ACCRUAL		RESEARCH GRANT
WASHINGTON UNIVERSITY SCHOOL OF MED 700 ROSEDALE AVENUE CAMPUS BOX 1034 ST LOUIS, MO 631121408	43-0653611	3	200,000		ACCRUAL		RESEARCH GRANT
WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVE 9TH FL NEW YORK, NY 10022	13-1623978	3	110,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVE 9TH FL NEW YORK, NY 10022	13-1623978	3	200,000		ACCRUAL		RESEARCH GRANT
WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVE 9TH FL NEW YORK, NY 10022	13-1623978	3	200,000		ACCRUAL		RESEARCH GRANT
WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVE 9TH FL NEW YORK, NY 10022	13-1623978	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVE 9TH FL NEW YORK, NY 10022	13-1623978	3	400,000		ACCRUAL		RESEARCH GRANT
WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVE 9TH FL NEW YORK, NY 10022	13-1623978	3	390,284		FMV		RESEARCH GRANT
WEILL MEDICAL COLLEGE OF CORNELL 575 LEXINGTON AVE 9TH FL NEW YORK, NY 10022	13-1623978	3	300,000		FMV		THERAPY ACCELERATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WHITEHEAD INSTITUTE FOR BIOMEDICAL 9 CAMBRIDGE CENTER CAMBRIDGE, MA 021421479	06-1043412	3	106,749		ACCRUAL		RESEARCH GRANT
YALE UNIVERSITY PO BOX 208327 NEW HAVEN, CT 065208327	06-0646973	3	55,000		ACCRUAL		RESEARCH GRANT
YALE UNIVERSITY PO BOX 208327 NEW HAVEN, CT 065208327	06-0646973	3	75,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YALE UNIVERSITY PO BOX 208327 NEW HAVEN, CT 065208327	06-0646973	3	55,000		ACCRUAL		RESEARCH GRANT
YALE UNIVERSITY PO BOX 208327 NEW HAVEN, CT 065208327	06-0646973	3	200,000		ACCRUAL		RESEARCH GRANT

**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
COPAY ASSISTANCE CLL	2064	3,386,407			
COPAY ASSISTANCE LYMPHOMA	6770	10,530,020			
COPAY ASSISTANCE MDS	1382	3,097,062			
COPAY ASSISTANCE MYELOMA	6191	20,393,154			
COPAY ASSISTANCE MANTEL	647	1,633,028			
COPAY ASSISTANCE ALL	76	159,372			
COPAY ASSISTANCE WALDENST	443	1,133,194			
PATIENT TRAVEL ASSISTNCE	1587	1,298,739			
PATIENT FINANCIAL AID	260	12,827			

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number  
13-5644916

Part I Questions Regarding Compensation

	Yes	No
<div>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<div>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div>	1b	
<div>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div>		
<div>a Receive a severance payment or change-of-control payment?</div>	4a	Yes
<div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	Yes
<div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div>		
<div>a The organization?</div>	5a	No
<div>b Any related organization?</div>	5b	No
<div>If "Yes," on line 5a or 5b, describe in Part III</div>		
<div>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div>		
<div>a The organization?</div>	6a	No
<div>b Any related organization?</div>	6b	No
<div>If "Yes," on line 6a or 6b, describe in Part III</div>		
<div>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div>	7	Yes
<div>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</div>	8	No
<div>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	LOUIS J DEGENNARO 0 1 0 JEFFREY COMO-TERM DEC2014 130,452 0 0 GEORGE J OMIROS-TERM APR15 363,758 0 0 GABRIELLE URQUHART-TERM JUN15 66,554 0 0 JOHN E WALTER - TERM FEB14 102,994 0 0
SCHEDULE J, PAGE 1, PART I, LINE 7	PART I, LINE 7 - NON-FIXED PAYMENTS PROVIDED BONUSES WERE PAID BASED ON THE ACHIEVEMENT OF THE EMPLOYEE INDIVIDUAL PERFORMANCE. BONUSES WERE CAPPED ACCORDING TO LLS'S POLICY. THESE AMOUNTS ARE REPORTED ON SCHEDULE J PART II, COLUMN (B)(II).

Additional Data

Software ID:

Software Version:

EIN: 13-5644916

Name: THE LEUKEMIA & LYMPHOMA SOCIETYINC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1LOUIS J DEGENNARO PRESIDENT & CEO	(i)	480,095		30,954	31,500	23,678	566,227	
	(ii)	-----	-----	-----	-----	-	-	-----
1ROSEMARIE A LOFFREDO EVP - CAO & CFO	(i)	302,398		22,745	12,775	13,781	351,699	
	(ii)	-----	-----	-----	-----	-	-	-----
2GORDON MILLER JR SVP FINANCE	(i)	235,416	20,830	761	15,788	28,464	301,259	
	(ii)	-----	-----	-----	-----	-	-	-----
3MARK ROITHMAYR EVP CHIEF REL OFFICE	(i)	348,332		12,212	15,758	31,896	408,198	
	(ii)	-----	-----	-----	-----	-	-	-----
4ANDREW S COCCARI EVP CHIEF PROD OFFIC	(i)	150,729		690		26,842	178,261	
	(ii)	-----	-----	-----	-----	-	-	-----
5CLAUDE E EDKINS SVP CHIEF INFO OFFIC	(i)	211,704		96,643	13,491	24,634	346,472	
	(ii)	-----	-----	-----	-----	-	-	-----
6LEE M GREENBERGER SVP CHIEF SCIEN OFFI	(i)	281,965		6,470	11,351	31,446	331,232	
	(ii)	-----	-----	-----	-----	-	-	-----
7NANCY HALLBERG SVP CHIEF MARK OFFIC	(i)	223,534		3,191	3,998	22,799	253,522	
	(ii)	-----	-----	-----	-----	-	-	-----
8JAMES A MASSARA VP APP & TRAIN SUPP	(i)	154,434		70,518	9,727	25,449	260,128	
	(ii)	-----	-----	-----	-----	-	-	-----
9OSMAN MAZHAR VP PLATFORM SERVICES	(i)	151,628		71,893	9,439	25,255	258,215	
	(ii)	-----	-----	-----	-----	-	-	-----
JEFFREY COMO-TERM 10DEC2014 CHIEF INFORM OFFICER	(i)			130,452			130,452	
	(ii)	-----	-----	-----	-----	-	-	-----
GEORGE J OMIROS-TERM 11APR15 EVP-CHIEF CAMP&FIELD	(i)	120,687		364,888	3,045	6,853	495,473	
	(ii)	-----	-----	-----	-----	-	-	-----
12GABRIELLE URQUHART-TERM JUN15 REGIONAL VP	(i)	119,184		67,542	5,838	4,828	197,392	
	(ii)	-----	-----	-----	-----	-	-	-----
JOHN E WALTER - TERM 13FEB14 PRESIDENT & CEO	(i)	43,333		102,994			146,327	
	(ii)	-----	-----	-----	-----	-	-	-----

SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶Attach to Form 990.
- ▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETYINC	Employer identification number 13-5644916
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Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	153	1,349,813	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	62		
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( PRINTED ITEMS )	X	15		
26 Other ▶ ( VARIOUS )	X	38		
27 Other ▶ ( )				
28 Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
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30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PAGE 2, PART II	PART I, COLUMN (B) LLS IS REPORTING THE NUMBER OF CONTRIBUTIONS FOR EACH OF THE ITEMS IN PART I, NOT THE NUMBER OF INDIVIDUAL ITEMS PART I, LINE 33 - EXPLANATION FOR NOT REPORTING REVENUE LLS ONLY RECORDS DONATED SECURITIES AS REVENUE ALL OTHER ITEMS FOR WHICH COLUMN A IS CHECKED ARE NOT RECORDED AS REVENUE OR EXPENSE BECAUSE THEY WOULD NOT HAVE BEEN PURCHASED HAD THEY NOT BEEN DONATED, AND ARE IMMATERIAL IN AMOUNT RELATIVE TO THE STATEMENTS OF LLS

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>WE WILL CONTINUE TO SUPPORT RESEARCH THROUGH OUR INNOVATIVE AND INTEGRATED FUNDING PROGRAMS, UNTIL EVERY PATIENT HAS A SAFE AND EFFECTIVE THERAPY. IN FISCAL YEAR 2016, LLS SUPPORTED RESEARCH IN THE U.S., CANADA AND 5 OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF APPROXIMATELY 47 MILLION. RESEARCH FUNDING WAS DISTRIBUTED ACROSS ALL BLOOD CANCERS. OUR CRITICAL ROLE LLS PROGRAMS ACCELERATE RELEVANT RESEARCH OUTCOMES BY:</p> <ul style="list-style-type: none"><li>- BUILDING A FOCUSED RESEARCH WORK-FORCE ASSURING THE NEXT ROUND OF BREAKTHROUGHS REQUIRES THAT YOUNG INVESTIGATORS BE ENCOURAGED TO WORK IN BLOOD CANCER RESEARCH FIELDS</li><li>- TURNING DISCOVERIES INTO NEW THERAPIES. FUNDAMENTAL NEW FINDINGS CAN BE TRANSLATED INTO SAFE AND EFFECTIVE TREATMENTS THAT CAN ULTIMATELY PROLONG AND ENHANCE PATIENT LIVES</li><li>- SUPPORTING SYNERGY. LARGE GRANTS AND CONTRACTS ENABLE SCIENTISTS IN ACADEMIA AND THE PRIVATE-SECTOR TO COLLABORATE, COMBINING RESOURCES AND EXPERTISE TO PRODUCE MORE AND FASTER ADVANCES</li><li>- FILLING A VOID. RESEARCH PROJECTS THAT ARE HIGH-RISK AND/OR ADDRESS RARE CANCERS ARE LESS LIKELY TO BE FUNDED BY GOVERNMENT AGENCIES OR FOR-PROFIT COMPANIES, BUT MAY PROVIDE IMPORTANT ADVANCES</li><li>- SPEEDING NEW TREATMENTS TO PATIENTS. PARTNERING WITH BIOTECHNOLOGY AND PHARMACEUTICAL COMPANIES CAN ADVANCE PROMISING THERAPIES THROUGH CLINICAL TESTING, FASTER.</li></ul> <p>PAST ADVANCES MADE WITH LLS RESEARCH FUNDING. GENEROUS DONORS HAVE HELPED LLS SUPPORT RESEARCH THAT HAS ALREADY BENEFITED BLOOD CANCER PATIENTS AND MANY OTHERS. ADVANCES INCLUDE:</p> <ul style="list-style-type: none"><li>- MULTI-DRUG THERAPIES THAT ARE MORE EFFECTIVE THAN TREATMENTS WITH SINGLE ANTI-CANCER AGENTS,</li><li>- BONE MARROW / STEM CELL TRANSPLANTATION AND SUPPORTIVE CARE TREATMENTS FOR PATIENTS WHO RELAPSE DESPITE THE BEST AVAILABLE THERAPY, AND,</li><li>- TESTS THAT DISTINGUISH SPECIFIC CHARACTERISTICS OF PARTICULAR BLOOD CANCERS FOR ACCURATE DIAGNOSIS OF CANCER SUBTYPES, AND FOR "RISK STRATIFICATION" TO SELECT AN OPTIMAL THERAPY.</li></ul> <p>TARGETED THERAPY RESEARCH DISCOVERING THE MOLECULAR ABNORMALITIES THAT CAUSE PARTICULAR TYPES OF BLOOD CANCER HAS BEEN USEFUL IN DIAGNOSIS AND RISK STRATIFICATION, AND IN NEW "TARGETED DRUG" DEVELOPMENT. LLS-FUNDED INVESTIGATORS HAVE HELPED ADVANCE MOLECULARLY TARGETED TREATMENTS THAT CAN SELECTIVELY KILL BLOOD CANCER CELLS VERSUS NORMAL CELLS. MANY OF THESE NEW TREATMENTS BENEFIT NOT ONLY BLOOD CANCER PATIENTS, BUT ALSO PATIENTS WITH OTHER DISEASES. FOR EXAMPLE:</p> <ul style="list-style-type: none"><li>- GLEEVEC IS FDA-APPROVED FOR PATIENTS OF ALL AGES WITH CHRONIC MYELOID LEUKEMIA (CML), AND IS ALSO APPROVED FOR PATIENTS WITH ONE FORM OF ACUTE LYMPHOID LEUKEMIA (ALL), MYELODYSPLASTIC SYNDROMES (MDS), MYELOPROLIFERATIVE DISORDERS AND RARE FORMS OF STOMACH AND SKIN CANCERS.</li></ul> <p>RELATED DRUGS, SPRYCEL AND TASIGNA, ARE APPROVED FOR PATIENTS WHO DO NOT BENEFIT FROM GLEEVEC. ONE OR MORE OF THESE DRUGS ARE ALSO SHOWING PROMISE FOR PATIENTS WITH VARIOUS LYMPHOMAS, ACUTE MYELOID LEUKEMIA (AML), CHRONIC LYMPHOCYTIC LEUKEMIA (CLL), AND OTHER CANCERS, INCLUDING BRAIN, BREAST, HEAD-AND-NECK, LUNG, PANCREATIC, AND PROSTATE CANCERS, AND PATIENTS WITH OTHER DISEASES INCLUDING ALZHEIMER'S, ASTHMA AND PULMONARY HYPERTENSION.</p> <ul style="list-style-type: none"><li>- RITUXAN WAS THE FIRST FDA-APPROVED, ANTI-CANCER ANTIBODY DRUG, DEVELOPED FOR PATIENTS WITH FORMS OF B-CELL NON-HODGKIN LYMPHOMA (NHL). IT IS NOW ALSO APPROVED FOR CLL PATIENTS AND AS A "MAINTENANCE" THERAPY FOR FOLLICULAR LYMPHOMA PATIENTS, AND SHOWING PROMISE FOR PATIENTS WITH ALL AND AFTER STEM CELL TRANSPLANTATION.</li></ul> <p>IN ADDITION, IT IS APPROVED FOR TREATING PATIENTS WITH SEVERE RHEUMATOID ARTHRITIS AND TWO OTHER TYPES OF AUTOIMMUNE DISEASES. A RELATED ANTIBODY DRUG, ARZERRA, IS APPROVED FOR CLL PATIENTS AND SHOWING WIDER PROMISE.</p> <ul style="list-style-type: none"><li>- VELCADE, THALIDOMID AND REVIMID ARE FDA-APPROVED FOR PATIENTS WITH MYELOMA AND ARE ALSO HELPING SOME PATIENTS WITH HODGKIN LYMPHOMA AND NHL.</li></ul> <p>KRYOLIS WAS RECENTLY APPROVED FOR MYELOMA PATIENTS FOR WHOM AT LEAST TWO PRIOR THERAPIES WERE INSUFFICIENT. ONE OR MORE OF THESE DRUGS ARE NOW BEING TESTED FOR PATIENTS WITH T-CELL AND B-CELL FORMS OF LYMPHOMA, ACUTE LEUKEMIAS, AS WELL AS AIDS-RELATED KAPOSI SARCOMA AND BRAIN, BREAST, COLORECTAL, HEAD-AND-NECK, KIDNEY, LIVER, LUNG, OVARIAN AND PROSTATE CANCERS, AND ALZHEIMER'S DISEASE.</p> <ul style="list-style-type: none"><li>- ISTODAX, ZOLINZA, DACOGEN AND VIDAZA.</li></ul> <p>TARGET SMALL CHEMICAL, "EPIGENETIC" CHANGES. THE FIRST TWO DRUGS ARE APPROVED FOR PATIENTS WITH PERIPHERAL T-CELL LYMPHOMAS, THE LATTER DRUGS ARE APPROVED FOR MDS PATIENTS. ONE OR MORE OF THESE DRUGS ARE BEING TESTED FOR PATIENTS WITH ALL, AML, CML, CLL, MYELOMA AND FORMS OF NHL, AFTER STEM CELL TRANSPLANTATION, AND FOR PATIENTS WITH BREAST, BRAIN, KIDNEY, COLORECTAL, HEAD-AND-NECK, LUNG, STOMACH, PROSTATE AND OVARIAN CANCERS, MELANOMA AS WELL AS SICKLE CELL DISEASE AND PERSISTENT HIV INFECTIONS.</p> <ul style="list-style-type: none"><li>- ADCETRIS WAS APPROVED IN 2011, AND IN JANUARY 2012 IT IS AN ANTIBODY-DRUG CONJUGATE THAT COMBINES AN ANTI-CD30 ANTIBODY AND THE CYTOTOXIC DRUG MONOMETHYL AURISTATINE (MMAE). IT IS AN ANTI-NEOPLASTIC AGENT USED IN THE TREATMENT OF HODGKIN LYMPHOMA AFTER FAILURE OF AUTOLOGOUS STEM CELL TRANSPLANT OR THOSE WHO ARE NOT ELIGIBLE FOR ASCT AFTER FAILURE OF AT LEAST 2 MUTAGEN CHEMOTHERAPY REGIMENS.</li></ul> <p>ADCETRIS WAS ALSO APPROVED FOR SYSTEMIC ANAPLASTIC LARGE CELL LYMPHOMA WITH FAILURE OF AT LEAST ONE PRIOR TREATMENT.</p> <ul style="list-style-type: none"><li>- GAZYVA IS A HUMANIZED MONOCLONAL ANTIBODY USED AS A COMBINATION TREATMENT WITH CHLORAMBUCIL TO TREAT PATIENTS WITH UNTREATED CHRONIC LYMPHOCYTIC LEUKEMIA. IT WAS APPROVED BY THE FDA IN NOVEMBER 2013 AND BY THE EMA IN JULY 2014.</li></ul> <ul style="list-style-type: none"><li>- IMBRUVICA IS AN ORAL SMALL MOLECULE INHIBITOR AGAINST BTK KINASE. IT WAS FIRST APPROVED BY THE US FDA ON NOVEMBER 13, 2013 FOR THE TREATMENT OF MANTLE CELL LYMPHOMA PATIENTS WHO HAVE RECEIVED AT LEAST ONE PRIOR TREATMENT. ON FEB 12, 2014 THE US FDA EXPANDED THE APPROVED USE OF THE DRUG TO CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) PATIENTS WHO HAVE RECEIVED AT LEAST ONE PRIOR TREATMENT. ADDITIONALLY, IT RECEIVED FURTHER EXPANSION TO TREAT 17P DELETION IN CLL WITH OR WITHOUT PRIOR THERAPY.</li></ul> <ul style="list-style-type: none"><li>- ZYDELIG IS AN ORAL SMALL MOLECULE INHIBITOR THAT BLOCKS THE DELTA ISOFORM OF THE ENZYME PHOSPHOINOSITIDE 3-KINASE. IT WAS APPROVED BY THE FDA IN JULY 2014 TO TREAT RELAPSED/REFRACTORY CLL IN COMBINATION WITH RITUXAN. IT WAS ALSO APPROVED TO USE AS A MONOTHERAPY FOR RELAPSED MANTLE CELL LYMPHOMA AND FOLLICULAR LYMPHOMA.</li></ul> <p>OTHER ACTIVE RESEARCH DIRECTIONS. LLS-FUNDED RESEARCHERS ARE ALSO EXPLORING OTHER AREAS OF RESEARCH THAT HOLD PROMISE FOR PATIENTS:</p> <ul style="list-style-type: none"><li>- NOVEL STEM CELL TRANSPLANTATION PROCEDURES. THESE INCLUDE SO-CALLED "MINI" TRANSPLANTS THAT USE LESS TOXIC PRE-TRANSPLANT TREATMENTS AND ENGINEERED DONOR CELLS THAT HELP REDUCE POST-TRANSPLANT COMPLICATIONS, MAKING THESE POTENTIALLY CURATIVE TREATMENTS AVAILABLE TO MORE PATIENTS.</li><li>- IMMUNOTHERAPIES. INCLUDING ANTIBODIES, VACCINES AND ENGINEERED IMMUNE CELLS, THESE TARGETED THERAPIES HELP A PATIENT'S IMMUNE SYSTEM FIGHT INFECTIONS AND KILL RESIDUAL CANCER CELLS, PROLONGING REMISSIONS, AND PERHAPS ONE DAY REPLACING TOXIC CHEMOTHERAPIES.</li><li>- DIAGNOSTICS. NEW TECHNOLOGIES MAKE IT POSSIBLE TO CHARACTERIZE THE ABNORMALITIES IN INDIVIDUAL CANCER CASES IN MOLECULAR DETAIL. THIS INFORMATION CAN BE USED TO HELP CHOOSE THE BEST POSSIBLE TREATMENT FOR EACH PATIENT, ESPECIALLY AS MORE TARGETED THERAPIES BECOME AVAILABLE.</li><li>- QUALITY OF LIFE RESEARCH. THESE STUDIES INCREASE OUR UNDERSTANDING OF HOW SPECIFIC TREATMENTS CAN CAUSE DEBILITATING SIDE-EFFECTS, INCLUDING LATE-EFFECTS, AND WHICH PATIENTS ARE AT RISK FOR DEVELOPING THESE COMPLICATIONS, SO THAT THEY CAN BE BETTER MANAGED OR EVEN PREVENTED.</li></ul> <p>DRIVING RESEARCH TO ADDRESS UNMET MEDICAL NEEDS. LLS CONTINUES TO SOLICIT AND SUPPORT RESEARCH FOCUSED ON IMPROVING BLOOD CANCER PATIENTS' QUALITY OF LIFE AFTER TODAY'S CURATIVE THERAPIES. ALSO IN 2016, FOR THE FIFTH YEAR, LLS ACTIVELY RECRUITED RESEARCH PROPOSALS IN SIX OTHER UNDERDEVELOPED RESEARCH AREAS IN WHICH PROGRESS IS LIKELY TO IMPROVE OUTCOMES FOR PATIENTS WITH PARTICULARLY URGENT NEEDS. NEW RESEARCH IS FOCUSED ON:</p> <ul style="list-style-type: none"><li>- DEVELOPMENT OF NOVEL THERAPEUTIC STRATEGIES FOR PATIENTS WITH NON-CUTANEOUS T-CELL LYMPHOPROLIFERATIVE DISORDERS.</li><li>- DEVELOP NOVEL TARGETED THERAPIES FOR CLL PATIENTS, WITH REAL CURATIVE POTENTIAL.</li><li>- DEVELOP NOVEL TREATMENT STRATEGIES FOR MDS AND AML PATIENTS.</li><li>- DEVELOP NOVEL TARGETED THERAPIES FOR PATIENTS WITH HIGH-RISK MYELOMA.</li><li>- DEVELOPMENT OF NEW-TARGETED THERAPIES FOR INDOLENT LYMPHOMA PATIENTS.</li><li>- DEFINE GENETIC/MOLECULAR PREDISPOSITIONS TO LONG-TERM AND LATE-TERM EFFECTS ASSOCIATED WITH STANDARD THERAPIES IN PEDIATRIC ALL AND APPLY THIS INFORMATION TO IMPROVE PATIENT OUTCOMES.</li></ul> <p>THE THERAPY ACCELERATION PROGRAM THIS STRATEGIC INITIATIVE WAS LAUNCHED IN 2007 TO MOVE NEW TREATMENTS AND DIAGNOSTICS THROUGH PRECLINICAL DEVELOPMENT AND CLINICAL TRIALS, FASTER. USING MILESTONE-DRIVEN CONTRACTS AND WORKING IN CONCERT WITH ACADEMIC INVESTIGATORS, MEDICAL CENTERS AND COMPANIES, LLS IS FURTHER BRIDGING THE GAP BETWEEN DISCOVERY AND HUMAN APPLICATIONS TO INCREASE THE LIKELIHOOD THAT NOVEL, POSSIBLY BREAKTHROUGH, TREATMENTS WILL BE AVAILABLE TO PATIENTS AS SOON AS</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>SUPPORT SERVICES ARE PROVIDED BY PROFESSIONALS OR RIGOROUSLY TRAINED PEER VOLUNTEERS ALL RESOURCES ARE PROVIDED THROUGH A VARIETY OF MEDIA - PRINT, ONLINE, BY PHONE, AND FACE-TO-FACE IN COMMUNITIES A NUMBER OF RESOURCES ARE AVAILABLE IN SPANISH FOR PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS PRINT PUBLICATIONS AN EXTENSIVE CATALOG OF EDUCATION MATERIALS IS OFFERED FREE-OF-CHARGE TO PATIENTS AND HEALTHCARE PROFESSIONALS EACH YEAR, LLS DISTRIBUTES DISEASE AND SUPPORT BOOKLETS AND FACT SHEETS THROUGH THE INFORMATION RESOURCE CENTER AND LLS CHAPTERS EACH YEAR, LLS PUBLISHES AN ANNUAL COMPILATION OF DATA AVAILABLE FOR BLOOD CANCERS, INCLUDING THE ESTIMATED NUMBERS OF NEW BLOOD CANCER CASES AND DEATHS, THE MOST RECENT STATISTICS AVAILABLE FOR INCIDENCE, MORTALITY AND SURVIVAL, AND CURRENT AND ACCURATE INFORMATION ABOUT SYMPTOMS, RISK FACTORS AND TREATMENT - 615,479 FREE PRINTED DISEASE AND SUPPORT BOOKLETS, 5,498 DISEASE-FOCUSED FACT SHEETS, AND 141 DVDS WERE ORDERED IN 2016 FINANCIAL ASSISTANCE IN 2016, A COMBINED 40,835,972 WAS DISBURSED TO PATIENTS THROUGH THE CO-PAY ASSISTANCE PROGRAMS (40,029,645) AND THE LLS NATIONAL PATIENT TRAVEL ASSISTANCE PROGRAM, (793,500), AND LLS FINANCIAL ASSISTANCE PROGRAM (12,827) CO-PAY ASSISTANCE PROGRAM THE CO-PAY ASSISTANCE PROGRAM SUPPORTS QUALIFYING BLOOD CANCER PATIENTS MEET THEIR HEALTH INSURANCE OR MEDICARE PLAN PART B OR D PREMIUMS OR CO- PAYMENT OBLIGATIONS RELATED TO TREATING THEIR BLOOD CANCER DIAGNOSIS PATIENTS WITH PRESCRIPTION DRUG COVERAGE, MEDICARE BENEFICIARIES UNDER MEDICARE PART B AND/OR MEDICARE PART D, MEDICARE SUPPLEMENTARY HEALTH INSURANCE OR MEDICARE ADVANTAGE SHOULD CHECK WITH LLS TO SEE IF THEY MEET ELIGIBILITY REQUIREMENTS TO RECEIVE FINANCIAL SUPPORT CO-PAY ASSISTANCE IS SUBJECT TO FUNDING AVAILABILITY BY SPECIFIC BLOOD CANCER DIAGNOSIS IN 2016, 40,029,645 WAS PROVIDED TO PATIENTS THROUGH THE LLS CO-PAY ASSISTANCE PROGRAM - 18,155 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN 2016 SUSAN LANG PAY-IT-FORWARD PATIENT TRAVEL ASSISTANCE PROGRAM THE SUSAN LANG PAY-IT-FORWARD PATIENT TRAVEL ASSISTANCE PROGRAM SUPPORTS QUALIFYING BLOOD CANCER PATIENTS WITH TRAVEL AND LODGING EXPENSES RELATED TO TREATING THEIR BLOOD CANCER DIAGNOSIS TRAVEL ASSISTANCE IS SUBJECT TO FUNDING AVAILABILITY IN 2016, 793,500 WAS PROVIDED TO PATIENTS THROUGH THE LLS SUSAN LANG TRAVEL PROGRAM 1,587 PATIENTS RECEIVED LLS TRAVEL ASSISTANCE IN 2016 FINANCIAL ASSISTANCE PROGRAM FOR CML PATIENTS (PCR PROGRAM) THE FINANCIAL ASSISTANCE PROGRAM FOR CML PATIENTS SUPPORTS QUALIFYING PATIENTS WITH OUT OF POCKET EXPENSES RELATED TO THEIR ROUTINE POLYMERASE CHAIN REACTION (PCR) EXAM IN 2016, 12,827 WAS PROVIDED TO PATIENTS THROUGH THE PCR PROGRAM 260 PATIENTS RECEIVED LLS PCR ASSISTANCE IN 2016 COMMUNITY PROGRAMS SERVICES ARE PROVIDED IN COMMUNITIES TO PATIENTS AND THEIR FAMILIES, CAREGIVERS AND HEALTHCARE PROFESSIONALS BY STAFF (PATIENT ACCESS MANAGERS) AND TRAINED VOLUNTEERS WHO HAVE SPECIFIC SUPPORT AND OUTREACH ROLES STAFF ARE HEALTHCARE PROFESSIONALS, OFTEN WITH A BACKGROUND IN ONCOLOGY NURSING, PUBLIC HEALTH OR SOCIAL WORK, VOLUNTEERS ARE TYPICALLY PATIENTS OR CAREGIVERS WHO UNDERGO RIGOROUS BACKGROUND CHECKS AND TRAINING STAFF AND VOLUNTEERS SERVE AS LIAISONS WITH COMMUNITY AND REGIONAL ONCOLOGY/HEMATOLOGY HEALTHCARE PROFESSIONALS AND TREATMENT CENTERS, AND PROVIDE COMMUNITY-BASED OUTREACH, EDUCATION, AND SUPPORT IN A VARIETY OF FORMS LOCAL PATIENT EDUCATION PROGRAMS IN FY 2016 WE CONDUCTED 43 LOCAL PATIENT EDUCATION PROGRAMS TO 1,893 ATTENDEES THIRTY-SIX WERE PROGRAMS THAT COVERED DISEASE SPECIFIC TOPICS, SURVIVORSHIP ISSUES, AND/OR EDUCATION ABOUT CANCER CLINICAL TRIALS AND MAKING TREATMENT DECISIONS OF THESE 36, 12 WERE LOCATED IN AND WERE SPECIFICALLY TAILORED TO UNDERSERVED COMMUNITIES, ESPECIALLY RACIAL AND ETHNIC MINORITY GROUPS AND OLDER ADULTS SEVEN PROGRAMS WERE FOCUSED ON THE DIAGNOSIS AND TREATMENT OF MYELOPROLIFERATIVE NEOPLASMS OR MPN REGIONAL BLOOD CANCER CONFERENCES LLS WORKS TO ELEVATE OUR VISIBILITY IN COMMUNITIES WE SERVE BY HOSTING LARGER-SCALE CONFERENCES, GEARED FOR PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS THESE EVENTS ARE A CATALYST FOR BRINGING MANY DEDICATED PEOPLE TOGETHER TO FOCUS ON BLOOD CANCER AWARENESS, INFORMATION AND THE LATEST ADVANCES IN MEDICAL SCIENCE THEY ARE DESIGNED FOR PATIENTS AND CAREGIVERS BUT ARE ATTENDED BY SOME LOCAL HEALTHCARE PROFESSIONALS (NURSES AND SOCIAL WORKERS) AS WELL IN 2016, 16 BCC CONFERENCES WERE HELD WITH 4,805 ATTENDEES LLS COMMUNITY THE ONLINE "LLS COMMUNITY" WAS LAUNCHED ON FEBRUARY 1, 2016 IT WAS DESIGNED TO PROVIDE A WAY FOR PATIENTS AND CAREGIVERS TO 1) BECOME PART OF A SOCIAL NETWORK TO CONNECT WITH PATIENTS AND CAREGIVERS IN SIMILAR SITUATIONS AND BECOME EMPOWERED, 2) PROVIDE INFORMATION ABOUT ONESELF AND ONE'S DISEASE, TO BECOME PART OF THE RESEARCH TO CURE BLOOD CANCERS, AND 3) GAIN THE LATEST INFORMATION ABOUT ONE'S DISEASE, LEARN ABOUT SURVIVORSHIP ISSUES, AND ABOUT CLINICAL TRIALS BY THE END OF FY 2016, THERE WERE APPROXIMATELY 2,500 COMMUNITY MEMBERS AND 15,000 RESPONSES TO THE "QUESTIONS OF THE DAY," AS WELL AS CLOSE TO 4,000 COMMENTS POSTED BY USERS FAMILY SUPPORT GROUPS THROUGHOUT THE US, IN 2016, LLS SUPPORTED OR HOSTED 204 REGISTERED FAMILY SUPPORT GROUP MEETINGS FOR PATIENTS AND THEIR FAMILIES GROUPS ARE GUIDED BY ONCOLOGY HEALTH PROFESSIONALS, PROVIDING INFORMATION AND SUPPORT AND ENCOURAGING GREATER COMMUNICATION AMONG PATIENTS, FAMILIES, FRIENDS AND HEALTHCARE PROFESSIONALS LLS SUPPORT GROUPS ARE THE PERFECT PLACE TO TALK WITH OTHER PEOPLE AFFECTED BY BLOOD CANCERS, INCLUDING PATIENTS, FAMILY MEMBERS AND CAREGIVERS THE GROUPS PROVIDE MUTUAL SUPPORT AND OFFER THE OPPORTUNITY TO DISCUSS ANXIETIES AND CONCERNS WITH OTHERS WHO SHARE THE SAME EXPERIENCES THIS SHARING STRENGTHENS THE FAMILY BOND AND ENHANCES EVERYONE'S ABILITY TO COPE WITH CANCER PATTI ROBINSON KAUFMANN FIRST CONNECTION PROGRAM FIRST CONNECTION IS A PROGRAM THAT LINKS NEWLY DIAGNOSED PATIENTS TO A PEER VOLUNTEER WHO HAS EXPERIENCED A SIMILAR DIAGNOSIS A TRAINED PATIENT- VOLUNTEER CURRENTLY IN REMISSION CONTACTS THE NEW PATIENT TO SHARE INFORMATION AND SUPPORT THIS PROGRAM IS AVAILABLE THROUGH LLS CHAPTERS, REFERRAL IS ALSO PROVIDED BY LLS'S INFORMATION RESOURCE CENTER -717 FIRST CONNECTIONS WERE MADE ACROSS THE US IN FY 2016</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>INFORMATION SPECIALISTS ALSO CONDUCT CLINICAL- TRIAL SEARCHES TO HELP PATIENTS WORK WITH THEIR DOCTORS TO FIND OUT ABOUT SPECIFIC CLINICAL TRIALS THE INFORMATION RESOURCE CENTER ALSO HAS AN EXPANDING IN-DEPTH CLINICAL TRIAL NAVIGATION SERVICE. PATIENTS, FAMILIES AND HEALTHCARE PROFESSIONALS MAY SPEAK TO AN INFORMATION SPECIALIST AT (800) 955-4572 MONDAY THROUGH FRIDAY , 9 A M TO 9 P M , ET, EMAIL INFOCENTER@LLS.ORG OR CHAT ONE-ON-ONE VIA THE LLS WEBSITE. THE INFORMATION RESOURCE CENTER OFFERS TRANSLATION SERVICES IN MORE THAN 165 LANGUAGES. IN FY 2016 - 26,668 INQUIRIES WERE MADE TO OUR INFORMATION SPECIALISTS - 12,399 UNIQUE INDIVIDUALS RECEIVED INFORMATION AND/OR SUPPORT FROM INFORMATION SPECIALISTS VIA EMAILS, PHONE, AND ANSWER CHATS -167 PATIENTS WORKED WITH A CLINICAL TRIAL NAVIGATOR TO RECEIVE COMPREHENSIVE ASSISTANCE WITH CLINICAL TRIAL ENROLLMENT, 49% OF THESE PATIENTS ENROLLED ON A CLINICAL TRIAL. THE LLS WEBSITE THE LLS WEBSITE, WWW.LLS.ORG, FULFILLS A WIDE VARIETY OF EDUCATION AND INFORMATION NEEDS. VISITORS CAN PERSONALIZE THEIR WEB PAGES TO THEIR LOCATION TO KEEP CURRENT WITH DISEASE-SPECIFIC UPDATES AND COMMUNITY EDUCATION AND SUPPORT ACTIVITIES. THE WEBSITE PROVIDES ACCESS TO LLS PROGRAMS AND SERVICES, INCLUDING CO-PAY ASSISTANCE, THE MOST CURRENT AND ACCURATE INFORMATION AND STATISTICS, WEEKLY FACILITATED ONLINE CHATS, DISCUSSION BOARDS, NATIONAL TELEPHONE AND WEB EDUCATION PROGRAMS, PUBLICATIONS IN ENGLISH AND SPANISH, AND CLINICAL- TRIAL SEARCHES VIA AN ONLINE CLINICAL- TRIAL SEARCH SERVICE THAT OFFERS PATIENTS AND CAREGIVERS IMMEDIATE ACCESS TO LISTINGS OF BLOOD CANCER CLINICAL TRIALS. INFORMATIONAL MATERIALS ARE AVAILABLE TO VIEW AND DOWNLOAD AT WWW.LLS.ORG/RESOURCECENTER. MANY DOWNLOADABLE MATERIALS ARE AVAILABLE IN ENGLISH, SPANISH AND FRENCH. NATIONAL TELEPHONE/ WEB EDUCATION PROGRAMS. ADDITIONALLY, LLS ALSO SPONSORS TELEPHONE- WEB EDUCATION PROGRAMS FOR PATIENTS, CAREGIVERS, SURVIVORS AND HEALTHCARE PROFESSIONALS ABOUT LEUKEMIA, LYMPHOMA, MYELOMA AND MYELODYSPLASTIC SYNDROMES. OPPORTUNITIES ARE PROVIDED TO ASK QUESTIONS OF EXPERTS DURING THESE PROGRAMS. ALSO AVAILABLE THROUGH THE LLS WEBSITE ARE VIRTUAL LECTURES AND VIDEOS FEATURING DISEASE-SPECIFIC UPDATES AND INFORMATION ABOUT SUPPORT AND TREATMENT OPTIONS FROM WORLD RENOWNED CLINICAL EXPERTS. UPCOMING PROGRAMS ARE POSTED AT WWW.LLS.ORG/PROGRAMS AND ARCHIVES OF PAST PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/PASTPROGRAMS. IN FY 2016 -20,906 INDIVIDUALS PARTICIPATED IN LLS'S ONLINE DISCUSSION BOARDS -LLS PROVIDED 9 LIVE NATIONAL TELEPHONE-WEB EDUCATION PROGRAMS, WITH 3,032 PARTICIPANTS -THERE WERE 24,078 PAGE VIEWS FOR ARCHIVED WEB PROGRAMS, 16,612 VIEWS OF VIDEOS.</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	D) PROFESSIONAL EDUCATION LLS SERVES THE EDUCATIONAL NEEDS OF THE MEDICAL AND RESEARCH COMMUNITY THROUGH A NUMBER OF PROFESSIONAL EDUCATION SYMPOSIA OFFERED THROUGHOUT THE YEAR THE EDUCATIONAL PROGRAM OFFERS VARYING FORMATS TO FACILITATE THE EXCHANGE OF INFORMATION AND IDEAS ON THE NEWEST DEVELOPMENTS IN CANCER RESEARCH AND TREATMENT

Return Reference	Explanation
FORM 990, PART V, LINE 4B	CANADA

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE MEMBERS OF LLS CONSIST OF ONE ELECTED REPRESENTATIVE FROM EACH CHAPTER

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE BOARD OF REPRESENTATIVES (REPRESENTING THE CHAPTERS) ELECTS THE MEMBERS OF LLS'S GOVERNING BODY, ITS NATIONAL BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	SIGNIFICANT DECISIONS AFFECTING THE CHAPTERS REQUIRE AN APPROVING VOTE BY THE CHAPTER DELEGATES DECISIONS NOT SIGNIFICANTLY AFFECTING THE CHAPTERS DO NOT REQUIRE APPROVAL FROM THE CHAPTER DELEGATES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 WAS PREPARED BY THE LLS FINANCE DEPARTMENT AND WAS REVIEWED BY THE CAO & CFO, SR VICE PRESIDENT OF FINANCE, AND KPMG FOR COMMENT AND SUGGESTED REVISIONS THE FORM 990 WAS THEN PROVIDED TO THE AUDIT COMMITTEE, WHICH IS A COMMITTEE OF THE BOARD OF DIRECTORS THE AUDIT COMMITTEE REVIEWED THE 990 AND PROVIDED INPUT PRIOR TO FILING THE FINAL DRAFT FORM 990 WAS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ALL EMPLOYEES, BOARD OF DIRECTORS MEMBERS, BOARD OF REPRESENTATIVES MEMBERS, CHAPTER BOARD MEMBERS, FAMILY SUPPORT GROUP FACILITATORS, AND TNT COACHES ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND SUBMIT A SIGNED FORM ACKNOWLEDGING THAT THEY HAVE REVIEWED THE POLICY AND DISCLOSED ANY CONFLICTS OF INTEREST ALL FORMS ARE COLLECTED AND THE AUDIT COMMITTEE REVIEWS ANY FORMS DISCLOSING A POSSIBLE CONFLICT OF INTEREST AND DETERMINES WHETHER OR NOT A CONFLICT EXISTS PART VI, LINE 12 C ALL EMPLOYEES, BOARD OF DIRECTORS MEMBERS, BOARD OF REPRESENTATIVES ARE RECUSED FROM ANY DISCUSSION WHERE A CONFLICT OF INTEREST EXISTS ANY QUESTIONS REGARDING COI WILL GO TO THE AUDIT COMMITTEE

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS REVIEWS AND MONITORS THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE AND COMPENSATION IN 2016 THE COMMITTEE OBTAINED A SURVEY OF OTHER NOT- FOR-PROFIT ORGANIZATIONS' COMPENSATION RANGES AND SET THE CHIEF EXECUTIVE'S SALARY COMMENSURATELY THE COMMITTEE MET AND REVIEWED THE COMPENSATION PACKAGE AND WAS DOCUMENTED AND INCLUDED IN THE COMMITTEE MINUTES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS REVIEWS AND MONITORS THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE AND COMPENSATION IN 2016 THE COMMITTEE OBTAINED A SURVEY OF OTHER NOT- FOR-PROFIT ORGANIZATIONS' COMPENSATION RANGES AND SET THE CHIEF EXECUTIVE'S SALARY COMMENSURATELY THE COMMITTEE MET AND REVIEWED THE COMPENSATION PACKAGE AND IT WAS DOCUMENTED AND INCLUDED IN THE COMMITTEE MINUTES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 17	ILLINOIS, INDIANA, KANSAS, KENTUCKY, LOUISIANA, MASSACHUSETTS, MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEBRASKA, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WISCONSIN, WEST VIRGINIA

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE LEUKEMIA & LYMPHOMA SOCIETY, INC MAKES ITS ANNUAL FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT WWW LLS ORG ITS GOVERNING DOCUMENTS ARE MADE AVAILABLE FOR PUBLIC INSPECTION ANY IDENTIFIED CONFLICTS OF INTEREST ARE DISCLOSED IN THE 990

Return Reference	Explanation
FORM 990, PART XI, LINE 9	LLS CANADA RESTATEMENT 15,601 FINANCIAL STATEMENT ROUNDING -24 TOTAL 15,577 LLS CANADA RESTATEMENT -15,601

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETYINC	Employer identification number 13-5644916
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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BEAT AML LLC 3 INTERNATIONAL DRIVE RYE BROK, NY 10573	RESEARCH	NY	2,158,709	2,159,709	LLS

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)THE LLS RESEARCH PROGRAMS INC 3 INTERNATIONAL DRIVE  RYE BROOK, NY 10573 13-3470494	PART VII	DE	501C3	11B	LLS INC	Yes	
(2)THE LLS RESEARCH FOUNDATION 3 INTERNATIONAL DRIVE  RYE BROOK, NY 10573 13-3709252	PART VII	DE	501C3	11B	LLS INC	Yes	
(3)THE LLS OF CANADA 804 2 LANSING SQUARE TORONTO M2J4P8 CA	PART VII	CA			NA		No
(4)PEARLPOINT CANCER SUPPORT 2817 WEST END AVENUE  NASHVILLE, TN 37203 58-1747771	PART VII	TN	501C3	7	N/A	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity . . . . .

b

Gift, grant, or capital contribution to related organization(s) . . . . .

c

Gift, grant, or capital contribution from related organization(s) . . . . .

d

Loans or loan guarantees to or for related organization(s) . . . . .

e

Loans or loan guarantees by related organization(s) . . . . .

f

Dividends from related organization(s) . . . . .

g

Sale of assets to related organization(s) . . . . .

h

Purchase of assets from related organization(s) . . . . .

i

Exchange of assets with related organization(s) . . . . .

j

Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k

Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l

Performance of services or membership or fundraising solicitations for related organization(s)  
. . . . .

m

Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o

Sharing of paid employees with related organization(s) . . . . .

p

Reimbursement paid to related organization(s) for expenses . . . . .

q

Reimbursement paid by related organization(s) for expenses . . . . .

r

Other transfer of cash or property to related organization(s) . . . . .

s

Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

Yes

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)BEAT AML INC	R	2,158,709	COST

Schedule R (Form 990) 2015

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**

**Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R	THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA CARRIES OUT THE SAME PRIMARY ACTIVITIES AS THE LEUKEMIA & LYMPHOMA SOCIETY, INC , IN CANADA THE LEUKEMIA SOCIETY RESEARCH PROGRAMS, INC AND THE LEUKEMIA RESEARCH FOUNDATION, INC SUPPORT THE ACTIVITIES OF THE LEUKEMIA & LYMPHOMA SOCIETY, INC THE LEUKEMIA & LYMPHOMA SOCIETY, INC IS THE 100% CONTROLLING MEMBER OF PEARLPOINT CANCER SUPPORT, INC